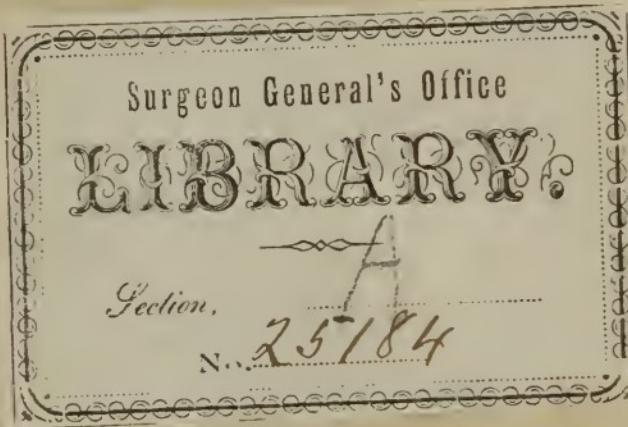


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A SYLLABUS

OF THE

LECTURES

Delivered at

THE MASSACHUSETTS MEDICAL COLLEGE

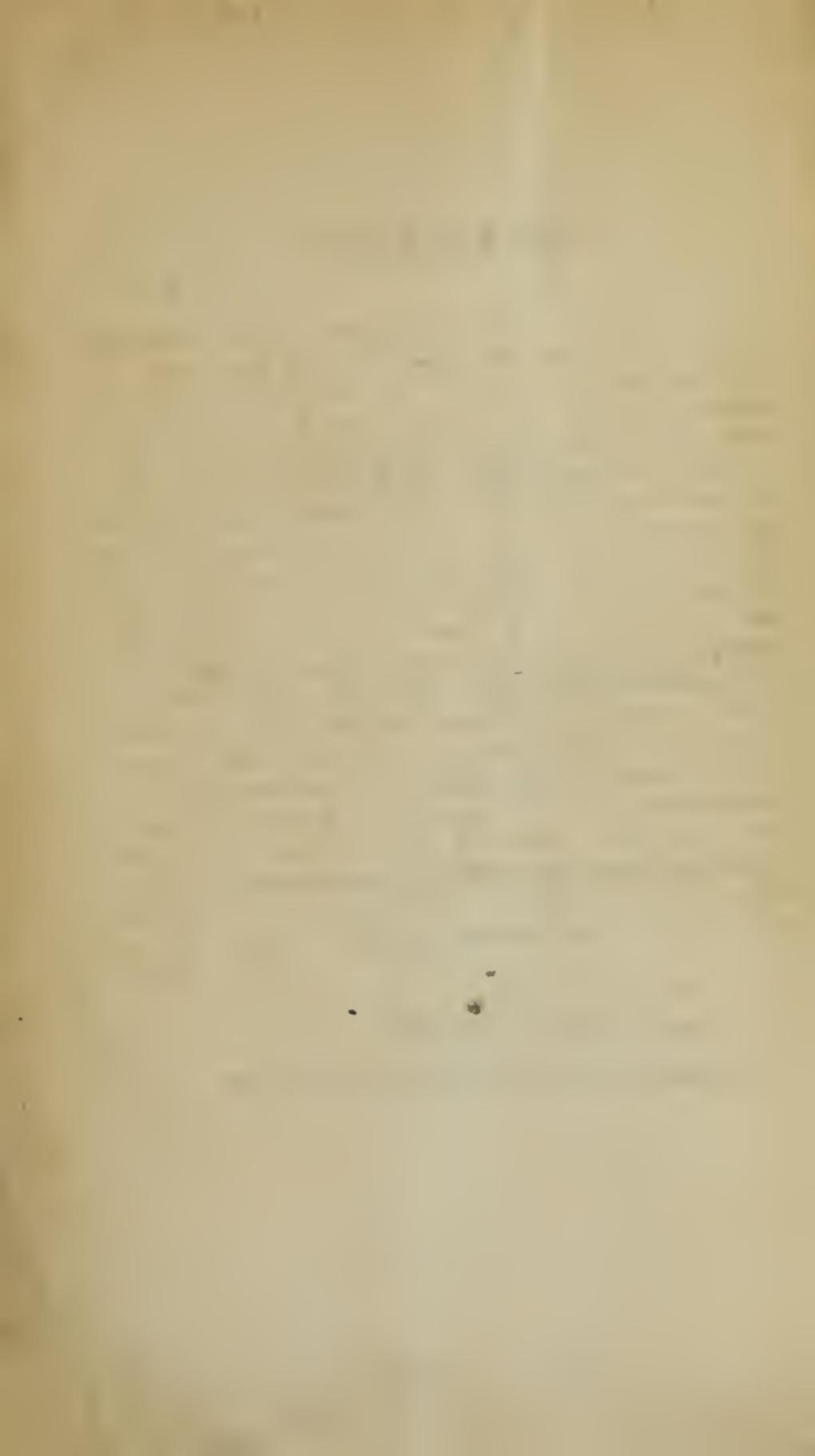
TO THE

Medical Students of Harvard University.

251845
2017

BY JAMES JACKSON, M. D.

Professor of the theory and practice of Physick.



ADVERTISEMENT.

WITH a good deal of labour I have prepared an imperfect syllabus of my winter course of lectures, which is delivered to medical students. It is designed only for those students. It is merely a syllabus and will be unintelligible to any, except those actually attending the lectures to which it refers. To them I flatter myself it will be useful. Under the head of Hygiene there is introduced more than is given in my winter course. This was done to accommodate the summer course which is delivered at Cambridge to the senior-sophisters, in which a large part of the lectures relate to this branch of medicine. For medical students the limited period of their attendance is more profitably occupied on other subjects.

The references to the various subjects in the syllabus do not bear any uniform proportion to the notice taken of them in the lectures. For this there are various reasons arising from considerations of expediency. I need not hesitate to avow however as one reason, that on some of the various subjects, on which the wisest and most learned physicians differ, my mind is not yet so fully made up, as to make me willing to commit myself upon them.

J. J.

Boston, October, 1816.

The knowledge of the composition and structure
is not necessary for a useful knowledge to a
knowledge of the cause of Health or dis-
ease or of the cure of disease. — Neither
~~nor~~ structure, any other way than as it is
made in life, disease, man or life, vascular.
Functions may be included in Properties.

Why then do not you say something
about the lungs

SYLLABUS, &c.

SUBJECT of medical science. Its objects. Of the knowledge requisite to their attainment. Relates to matter and mind. Embraces their properties, relations and laws.

The four great divisions of medicine. I. Physiology. II. Hygiene. III. Pathology. IV. Therapeutics. From these derived the rules and precepts of the practice of physick.

The whole science not embraced in this course. How much belongs to Anatomy, Surgery, and Midwifery, to Animal Chymistry, to Materia Medica. There remains to this course something in each division.

I.

PHYSIOLOGY.

EXTENT in which the term may be employed. Its restricted use. It embraces a consideration of—I. (The composition of our bodies. II. Their structure.) III. The properties of our bodies and minds. IV. Their functions. Thus

far our race considered in what is common to them. But considerable differences are to be perceived among individuals. Of these we take notice under—v. Varieties. They all are influenced by and exercise an influence upon external things. Hence we consider—vi. The relation of the human system to external things. It is by the agency of these that the functions of life are maintained. From a deficiency in them life may cease; and, if it do not, it must ultimately terminate by a loss of the properties of vitality. Different modes of the termination of life considered under—vii. Death.

A very large proportion of what relates to this division [physiology] is taught in other courses. Such parts will be considered in this course as are not so readily embraced in those.

i. Composition of our bodies.

ELEMENTS ultimate and proximate—the distinction.

1. Ultimate. Same as in common matter. Oxygen and certain combustible matters in compounds binary, ternary, &c. These combined also in common matter, but not in the same proportions, &c. Art cannot imitate their combination in living bodies.

2. Proximate. All the substances in our bodies composed of the ultimate elements. The simplest combinations of these constitute the proximate elements. These elements compounded by living pow-

belongs to Chemistry — nothing to
do with the knowledge of the cause
of health, or disease or its cure —



er, and when decomposed cannot be recompounded. Chymical compositions remain perfect, while defended from foreign influence;—vital compositions the result of life, and this requires foreign influence; and, however aided, the vital compositions are necessarily transient. If chymical composition be destroyed, the same elements may be recombined and constitute again the same substance. Not so vital compositions, such as exist in proximate elements.

The principal proximate elements to be found in blood. Albumen, fibrin, red globules. Fibrin supposed to constitute one of the principal solids. In other parts the different proximate elements of blood not well distinguished. Fluids derived from blood are exhaled, secreted, excreted. Solids formed by analogous process. Exhalations nearly aqueous, secretions alkaline, excretions acid.

Secretions generally have the same quantity of water as the “albuminous contents” of blood. Exhalations have more. Secretions contain the albuminous contents and in each a peculiar animal matter. Excretions more compound. All contain free lactic acid, &c.

II. Structure of our bodies.

TAUGHT in school of anatomy. Great importance. To be regarded as simple and compound.

1. Simple. The structure of the minute parts in different textures, as fibres, lamina, &c.

2. Compound. The structure of organs, in which simple parts, similar and dissimilar, are combined mechanically.

In organs are also to be noticed their form and connections.

III. The properties of our bodies.

Of two kinds, physical and vital.

i. Physical, being properties which are also found in dead matter—such as gravity, elasticity, electrical properties, &c. Likewise such as are mechanical, arising from the configuration of organs, and their adaptation one to another.

ii. Vital. 1. Organic, belonging to all organized beings; 2. Animal, peculiar to animals. These not all found in every animal.

1. Organic.

- a. Mobility.
- b. Irritability.
- c. Vital affinity.
- d. Vivification.

+

- e. Synergy.

2. Animal. In part corporeal, in part intellectual. The latter to be noticed only as they are connected with the former.

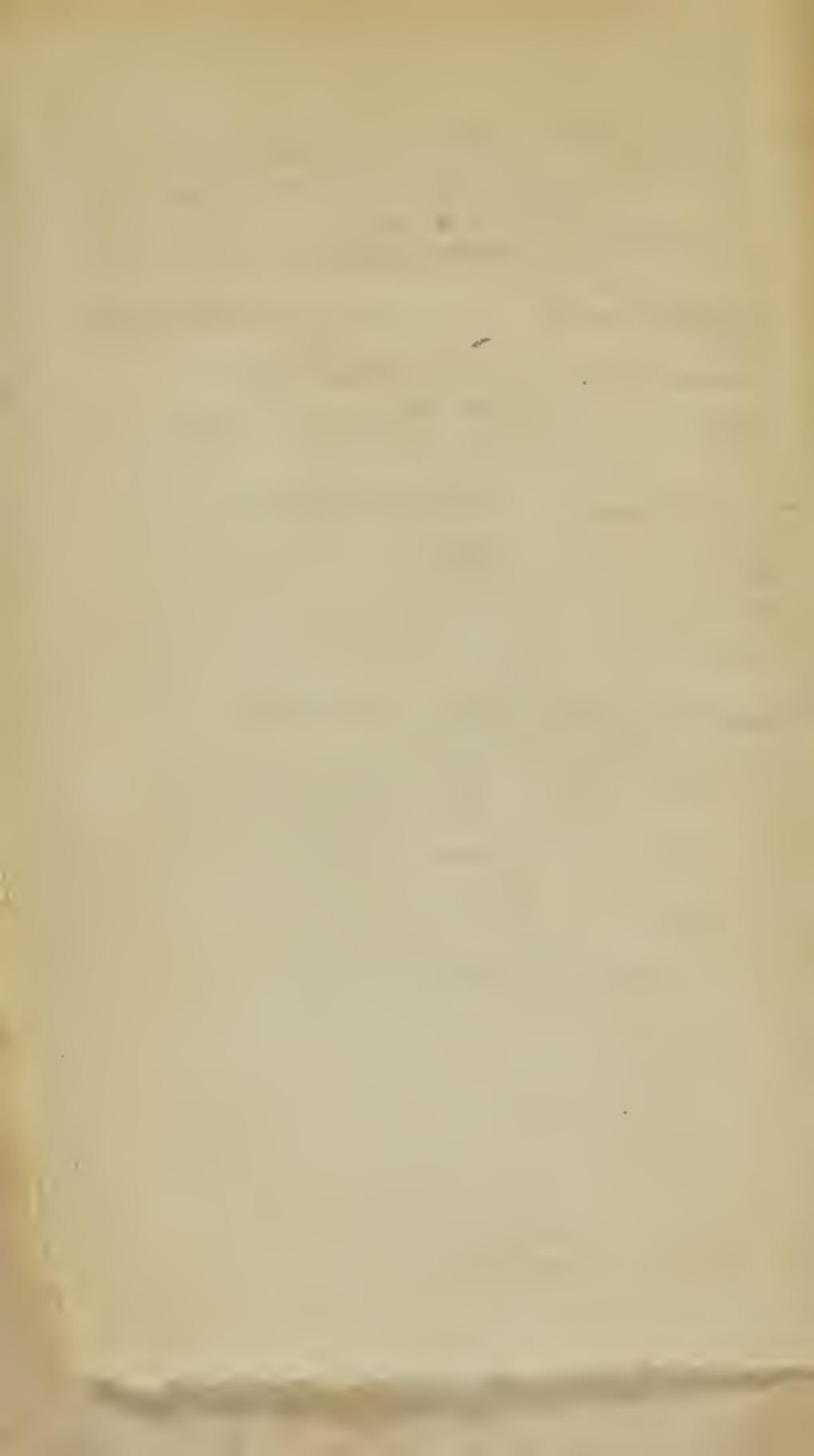
- f. Sensibility.
- g. Intellectual powers.
- h. Property of transmitting volition.
- i. Sympathy.

Properties - physical and
actual - -

Physical - mobility, expansion, contraction, heat of heat, conduction of heat, ~~rotation & self motion.~~ - to which is ~~related~~ ~~is~~ ~~in~~ ~~susceptible~~ ~~in~~ ~~chemical~~ ~~coagulations~~ -
Vital. - ^{whilst} respiration, thought and voluntary motion. -

Sensations - 5 -

all the functions - should be
described as varieties of vital
combinations & decompositions - with the
relations of sensations: - and
particularized after the general
observation. -



a. Mobility, power of moving. Exhibited in muscular fibres, in vessels and other parts. Generally considered as derived from other organs. To be considered in parts in which it is exhibited. The derivation of motion from nerves an hypothesis. If true, either motion takes place in nerves, in which case they possess mobility; or, if no motion takes place in them, they have not that property, but only the power to give it to other parts. In either case the property is distinct from other properties.

b. Irritability. The power of being affected by stimuli, so as that involuntary functions may be induced. Various in different organs. Possessed by all which have mobility and by some which have not.

c. Vital affinity. The power by which the ultimate elements of matter are united and kept in combination in living bodies. Exists in fluids as well as in solids. Analogy with chymical affinity. Not inherent like that, but derived, and transient. Duration of life in individual particles very limited.

d. Vivification. The power of bestowing vital properties on common matter. Whatever be the vital properties, they are given by the body enjoying life to that which was previously destitute of life. This power exists under different modifications in different parts. The matter assimilated receives different properties in succession; nor does all of this matter become endowed with every property.

e. Synergy. The power whereby several organs, or parts of the same, conspire to effect one ob-

ject ; acting either simultaneously, or in succession,
Distinguished from sympathy.

f. Sensibility. The power in our corporeal organs, on which external material substances act in producing perception. This property various, or modified in different organs.

g. Intellectual powers. The mind may be considered in a certain sense as uncompounded, or as a unit ; yet it certainly performs various functions, and these by various powers. Those most necessary for us to regard are perception and volition. The first enables it to recognize impressions made on the bodily organs ; the other to act on bodily organs.

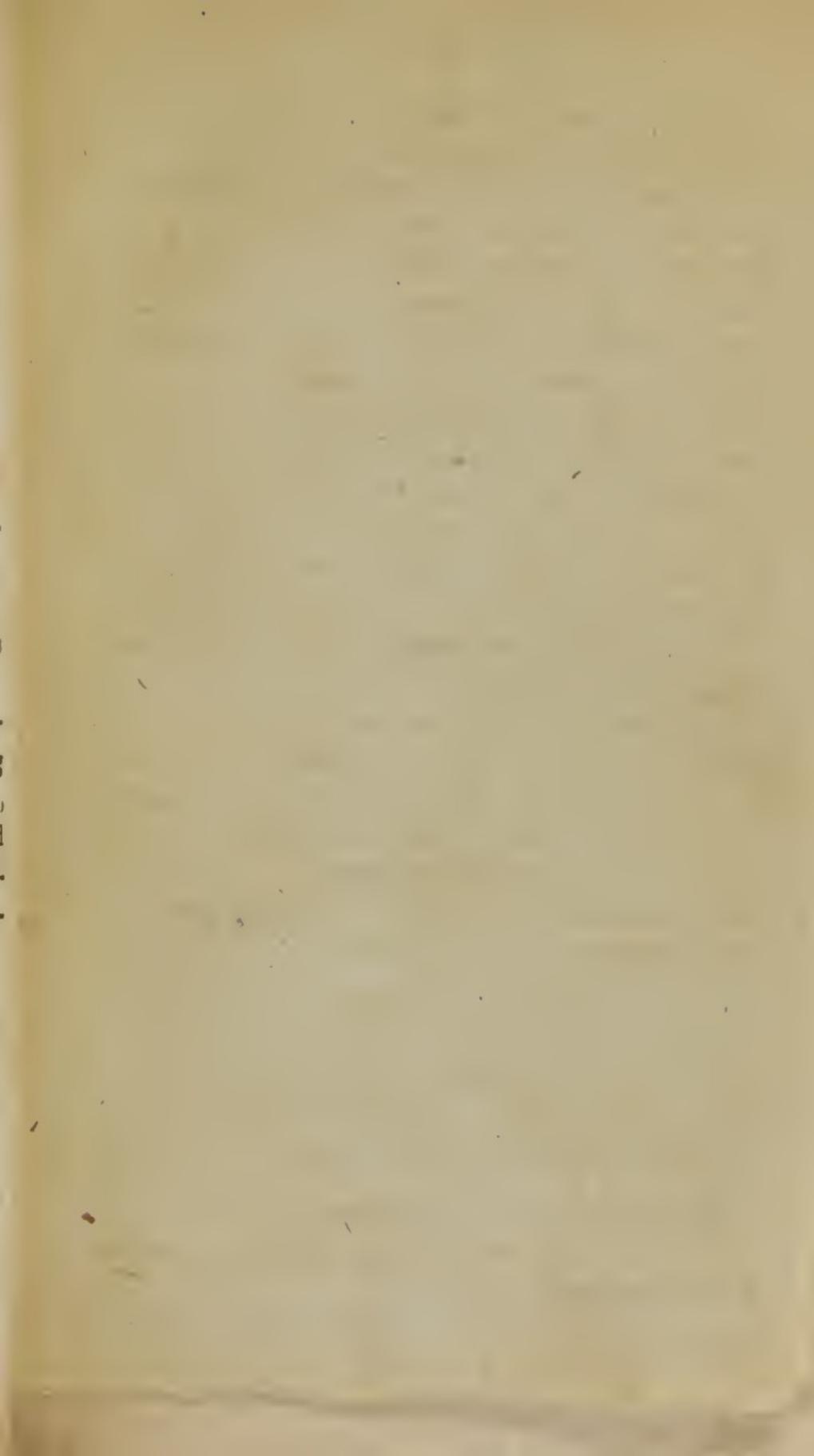
h. Power of transmitting volition. In nerves going to animal muscles.

i. Sympathy. Etymology and original use. Extension of the term to describe phenomena in living bodies. An influence exercised by one part on others, more or less remote from it, without mechanical changes. Of Mr. Hunter's distinction ;—continuous, contiguous and remote. Constitutional sympathy. Sympathy active, or passive.

IV. The functions of our bodies.

The division of the functions and their relations.

Of the division into vital, natural and animal.—
Of Bichat's division ;—how preferable ; wherein defective—Two classes.



of what use is it to a knowledge
of the causes of Health or disease
or of its cure, I know, that opera-
tion requires all those processes
of the animal - will it help us to an
exacter notion. - it is necessary know-
ledge, but does not belong to the
theory of Health or disease. - it
makes them, knowing, that they eye
must be open to see, the ear to
hear &c -

First class. Those appertaining to individuals.—
Second class. Those appertaining to species.

First class. Two orders. Organic and animal.

i. Organic; common to all living organized beings. In man these are

1st. Assimilation, including

- a. Mastication.
- b. Deglutition.
- c. Digestion.
- d. Absorption of chyle.
- e. Sanguification.
- f. Circulation.
- g. Respiration.

2d. Formation.

- a. Exhalation.
- b. Secretion.
- c. Nutrition.

3d. Excretion.

- a. Peristaltic motion.
- b. Lymphatic absorption.
- c. Perspiration.
- d. Urinary evacuation.

ii. Animal; occurring only in animals; not all of them in every species of animal.

1st. Sensation.

- a. Of smell.
- b. Of sight.
- c. Of hearing.
- d. Of tasting.
- e. Of feeling, including touch.

2d. Exercise of intellectual powers, as of—

- a. Perception.
- b. Consciousness.
- c. Attention.
- d. Memory.
- e. Reflection.
- f. Imagination.
- g. Judgment.
- h. Volition, &c.

3d. Exercise of bodily organs under the obvious control of the mind.

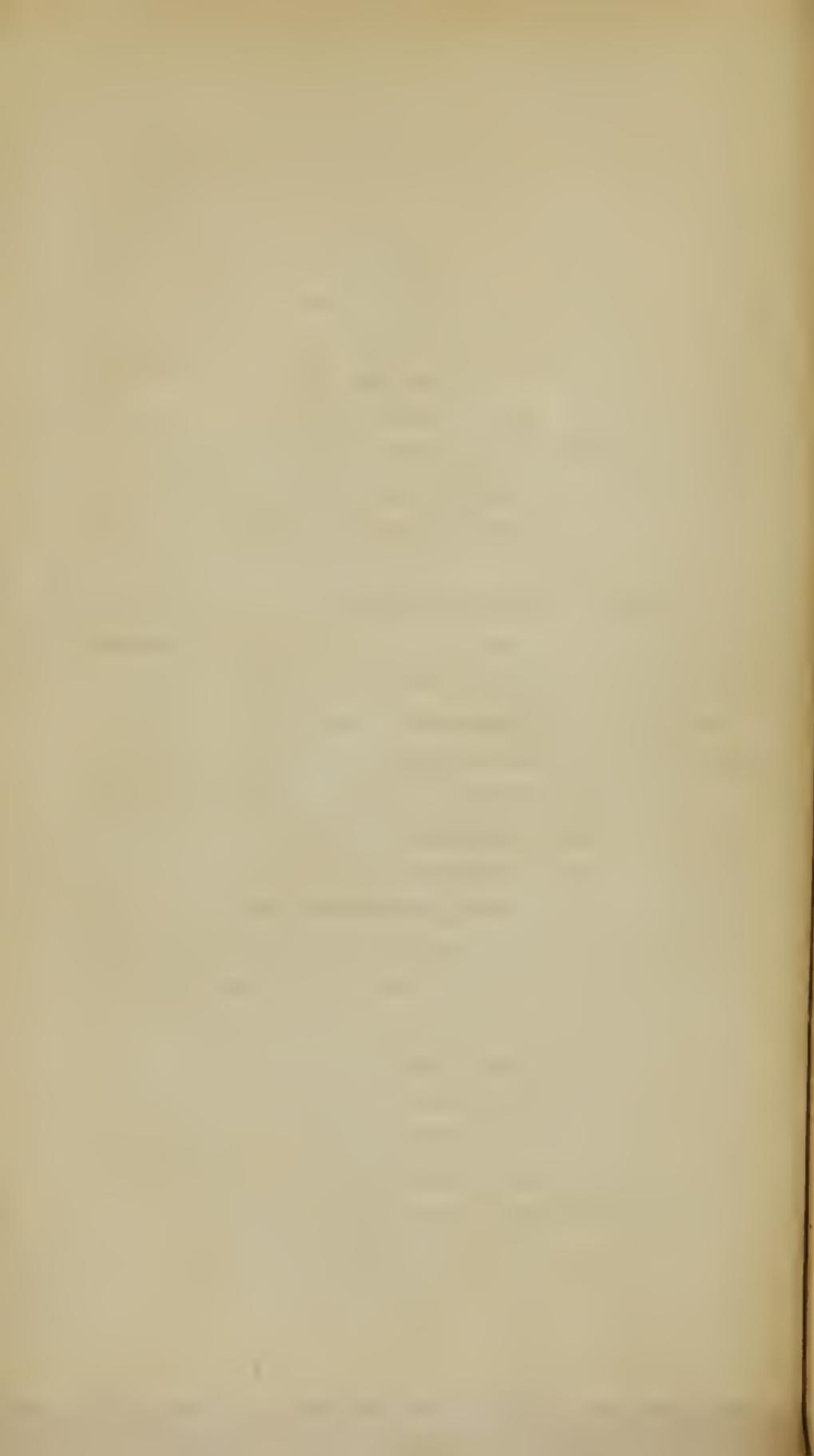
- a. Locomotion.
- b. Voice.

Comparison of organic and animal organs and functions.

Animal organs divided by median line—their symmetry and harmony. In two states—sleep and watching. Sleep perfect and total, or imperfect and partial. Subject to education and influence of habit.

Organic differ in these respects—functions in a certain succession and dependence—liable to sympathy as the animal organs, but not subject to control of mind—influenced by sleep, but not subject to it. Some constant, others occasional. How far influenced by habit.

By animal functions external relations are maintained and operations of mind performed. By organic functions foreign matter converted to the use of the body, and internal economy of system maintained. On them most immediately depends the maintenance of health and of life.



Not independent of each other. Mind takes cognizance of the state of organic system and controls some operations necessary to it. From the cognizance it takes results appetite. The appetites consist in wants or desires, arising from certain states of organic viscera ; and though the mind does not distinguish what constitutes these states, it has desires produced by them. These appetites essential to prompt conduct, and the source of very many of our actions. The mind also has something similar in this respect—desire of knowledge, of action and of affection.

The mind controls some operations of organic system ; as, particularly and principally, the evacuations. This control limited.

Mind and body influence each other by sympathy ;—to be noticed hereafter.

Second class. Three orders. Those of male, those of female, those common to the two.

I. Those of male.

- a. Secretion of seminal fluids.
- b. Ejection of these.

II. Those of female.

- a. Menstruation.
- b. Conception.
- c. Gestation.
- d. Parturition.
- e. Lactation.

III. That common to both.

Copulation.

Relation of functions.

Two kinds of relation.

First. Mechanical ; depending on the connection of organs, on their motions such as are obvious directly or indirectly, and on the transmission of matter.

Second. Vital ; maintained by vital powers, and not depending on any known motion, or transmission of matter.

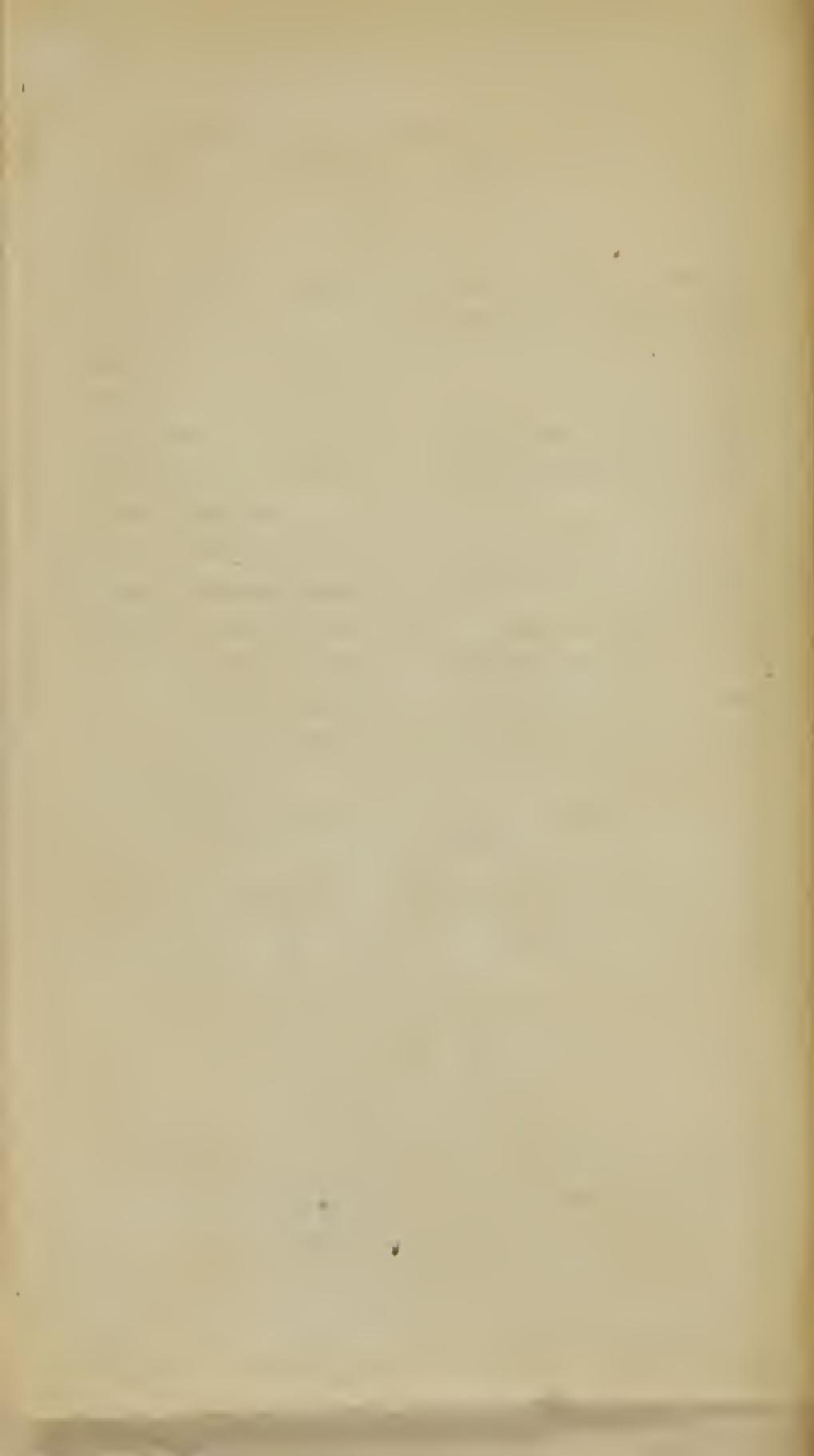
a. Where the connection between the parts related is obvious, and the influence is always maintained in a sound state of the organs. Maintained by sensibility and the power of transmitting volition.

b. Where the relation is not obvious and the influence less constant and uniform. Maintained by sympathy.

Sympathy of system with parts is most obvious, when difficulty in them is greatest ; and this whether the difficulty arises from the magnitude of the operation to be performed, or from inability to perform it with ease.

Of tone, or strength.

Organs not equally prepared for performing their functions, at all times. At some times they are more and at other times less readily excited. In most healthy state muscles maintain a certain de-



gree of contraction, the capillaries a certain degree of fullness, and organs generally a certain turgescence. In these cases they are compared to musical chords when sufficiently tense to produce by vibration their appropriate tone. The varying states of the organs arise immediately from different degrees and states of power. This may be measured by its effects. These effects to be regarded in three respects, viz.—as to rapidity, perfection, and duration. The deficiency of strength, or debility actually gives rise to many embarrassments in the living body ; but has been charged with more evils than belong to it. *Of direct and indirect debility.* The distinction referred to by these terms is well-founded, but the expressions may be criticized.

v. Varieties among the human species.

These may be ranked under four heads. i. Sex. ii. Age. iii. Race. iv. Constitution or temperament.

- i. Sex. Differences in structure and functions, these great and generally well-known.—Properties alike in kind, different in degree ; as in mobility, irritability, sensibility, sympathy.
- ii. Age. Of infancy and childhood, youth, manhood, old age. Duration of life.
- iii. Race. All mankind the same species. Hereditary differences. National differences ;

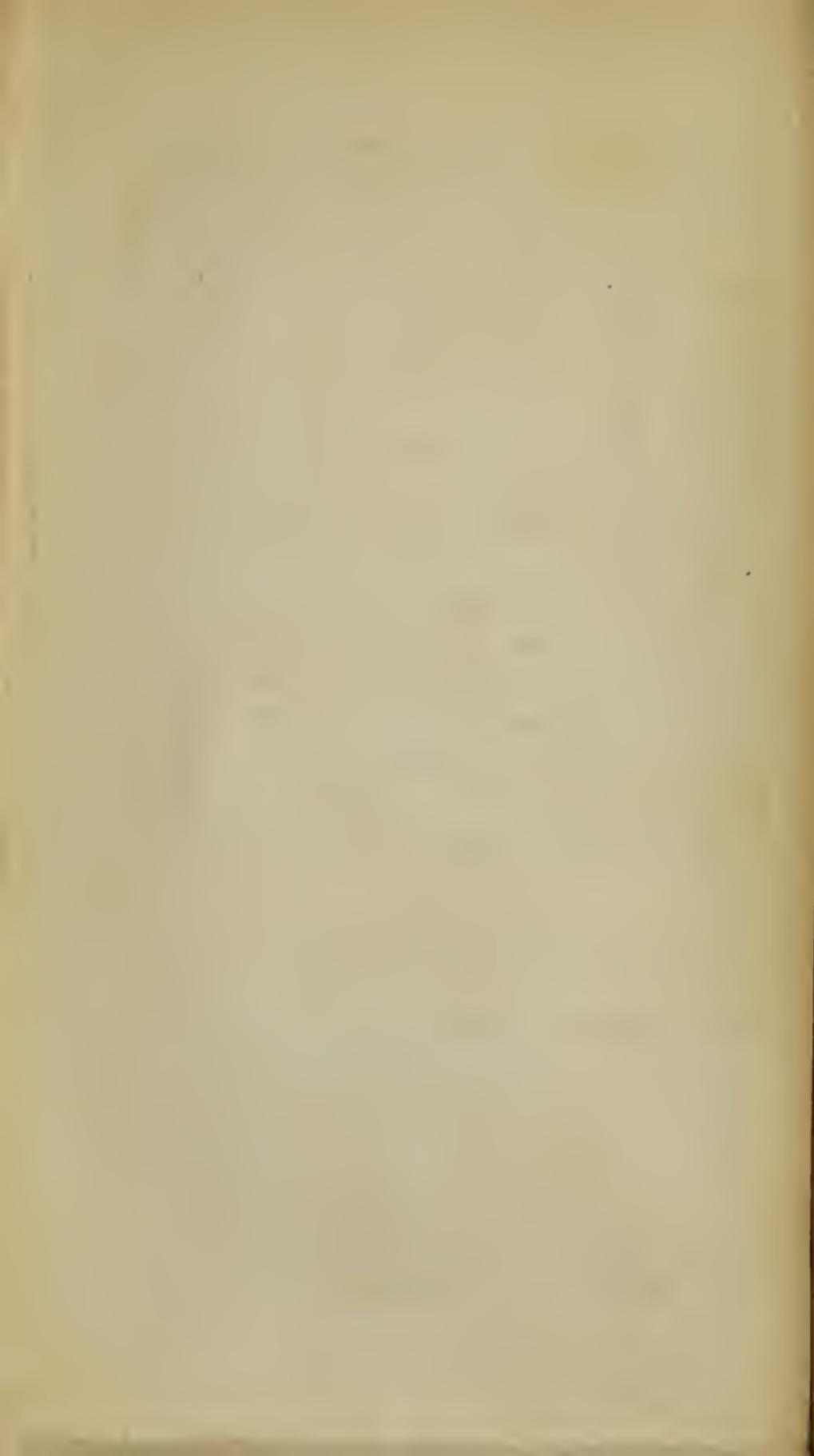
such as to show unequivocal peculiarities as to race. This a matter of natural history. The source not easily decided. Of the gradation of man. European, Asiatic, African.

IV. Constitution or temperament. Great diversity among the productions of nature. Individuality. Resemblances more or less perfect. Hence thrown into groups; their general peculiarities depicted by caricatures. The ancient division into sanguine, choleric, melancholic and phlegmatic. The names founded in theory, the distinctions in observation. How far the external marks are to be relied on. Of a new temperament, partly the result of civilization. The nervous, or sympathetic.—Generally temperaments may be regarded as active, or passive; strong, or weak; persevering, or changeable. Derived from the vital properties, and these often disproportional.

VI. Relations with external things.

The relations of individual man are various. Consider only the physiological. These dependent on the peculiar properties in man himself and in those things, with which those relations are maintained. They depend

- 1st. On the physical properties in man.
- 2^d. On his vital properties; but not on all of these—on his irritability and sensibility primarily.



External things distinguished by physical and chymical properties. But their relation to, or influence on living system not ascertained by those properties ; discovered only by distinct observation of their operation on the living system. Stimuli—agents which operate on irritability. Effects always local, but those of some more readily propagated by sympathy than those of others. The sympathy general or local. Effects propagated by mechanical, as well as by vital relations. Agents acting on sensibility—Various. Causes not explicable. Ultimate facts.

The primary and immediate effects, produced on the properties by external things, difficult to ascertain. They are manifested not in an affection of the properties, but in the functions of motion, vivification and perception. But some articles have the effect to diminish, or to suspend ; and some to destroy the properties. Do any modify them ?

We discover the effects of external agents in an inverse order, as the affection of the functions by changes in the composition, or in the structure, produced by them ; and an affection of the properties by changes in the functions.

VII. Death.

DEATH, or the termination of life, not always in the same mode. In order to maintenance of our life two conditions necessary. One that the

body possess certain principles of vitality. This alone indeed occasions us to consider eggs, seeds, and some dormant animals, as possessed of life.—The other, that certain functions should be performed: those of circulation and those of respiration. When these functions cease entirely, life has departed as far as common observations go. But in this case the parts often retain some of their vital properties, those especially of organic life. The irritability continues for a time; still more does the vital affinity.

Distinguish then death by expiration and absolute death.

Expiration may arise from failure

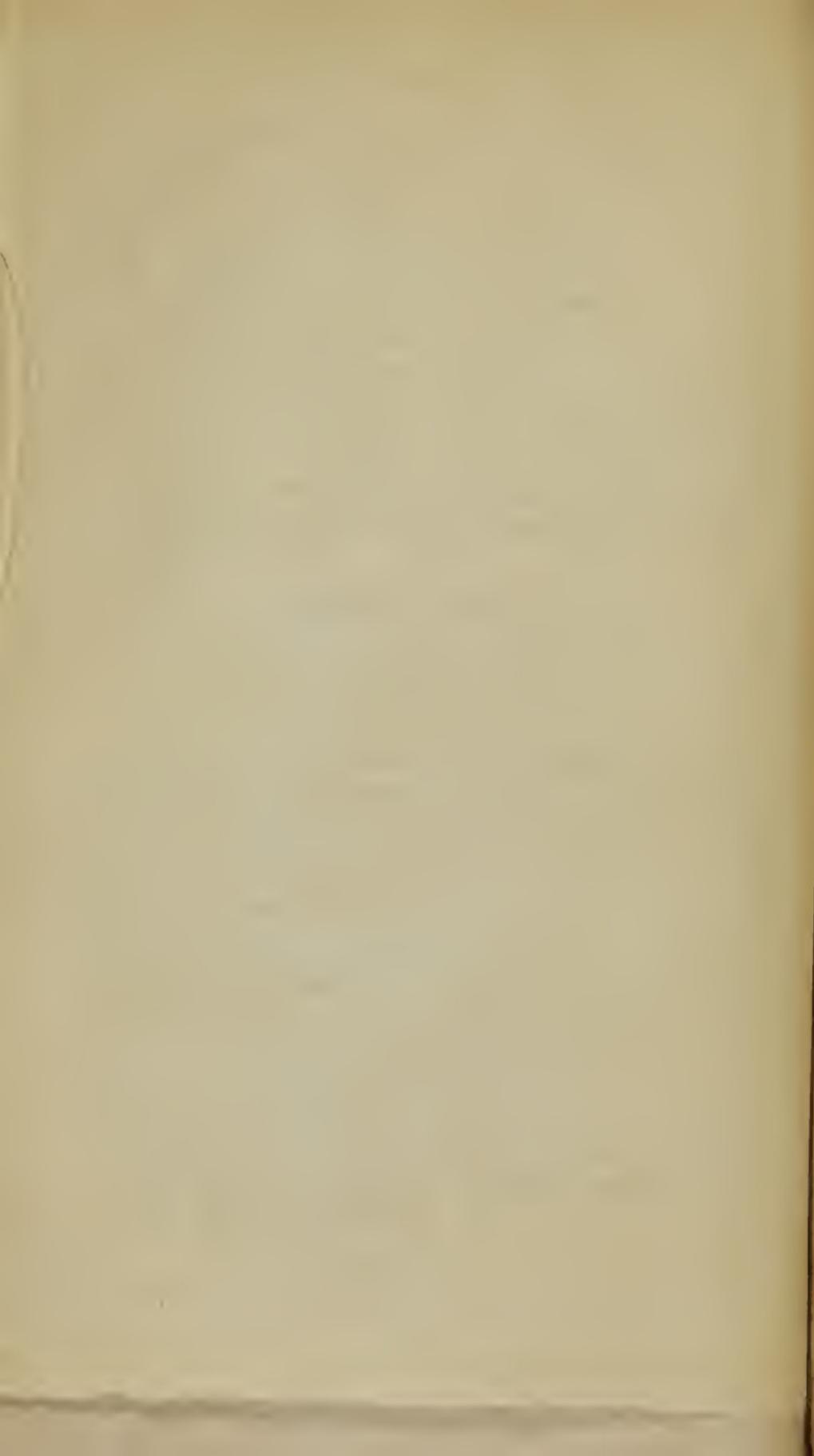
1st. In the respiratory organs.

2d. In the encephalon.

3d. In the heart.

Absolute death occurs in consequence of expiration after an undetermined period. This period varies at different seasons, &c. It occurs also in consequence of the action of external causes, which destroy the properties of vitality. This effect partial or general. An effect may be produced by a foreign agent sufficient to destroy life in the part to which it is applied, and by sympathy in the whole system. Absolute death may take place in extremities and gradually extend to other parts, until it affects the heart, &c. life departing from each part gradually, as shewn by the gradual diminution of energy in the functions.





II.

HYGIENE.

HYGIENE relates to preservation of health and prolongation of life. Many sceptical as to this branch of science. So much diversity among men, it is difficult to give precepts in detail. But certain general rules may be formed. We *must* choose as to many things which operate on us ; according to our choice, health may be promoted, or injured.

We cannot always avoid disease. In considering the structure and functions of the body, it seems exposed to numberless evils. It is so, but in many cases they are obviated by natural processes. A large proportion of our diseases and the premature termination of life may be referred to our own errors.

First, shall discuss circumstances not under our control ; then those which are, at least in some measure.

Under first head—1. parentage—2. birth—3. growth—4. form.

Under second head—1. residence—2. clothing—3. diet—4. evacuations—5. exercise and rest—6. sleep and watching—7. passions.

First. Circumstances not under our control.

1. Parentage. Man not only reproduces his species ; but individuals produce offspring greatly similar to them. Resemblance to one parent, or to both. Resemblance to collateral branches. Disposition to particular diseases often transmitted, and so also to

long or to short life. Such dispositions modified by various events.

2. Birth. Circumstances occurring during gestation and at parturition may affect the constitution of the offspring. Evils to be counteracted by exact attention to the subject of them. Of twins; one or both often feeble, or imperfect.

3. Growth. Slow growth betokens long life. True within certain limits. Not so true in respect to individuals, as in respect to species. The effect of cold and warm climates on growth and duration of life. Evils of rapid development increased by early exertions. Bishop Berkley's experiment.

4. Form. A certain form and certain proportions necessary to each organ;—but more important in some organs than in others. Internal organs most important; therefore good health consistent with external deformity. If external perfect, and general form good, the internal are commonly the same. External form has been studied by painters and statuaries. Their rules as to proportions.

Necessary to remark that we cannot rely on form alone to judge of the health. Regard appetites and functions.

Second. Circumstances which are subject to our control.

1. Residence. Difference in salubrity of situations, arising from various causes. Man may live in various climates, but not in all without art. In choice of climate and of particular situation, regard must





be had to temperature, dryness or moisture of atmosphere, soil, vicinity to, or remoteness from bodies of water, woods and forests, &c.; to elevation and exposure to morbific exhalations; likewise to situation in town or country.

a. Temperature. Effects of warm atmosphere—on skin directly, on organic functions, on habits, on sensual indulgences and on passions. Facility of rearing children. Natives less subject to disease than foreigners, but less vigorous also. Diseases of warm climates, not all referable to direct effects of heat. General precosity.

Effects of cold climates, on functions, &c. Diseases from paucity and bad quality of food, and confinement—chronic affections of lungs, &c. Children not so easily reared, but more vigorous and longer-lived. Longevity in Russia, Norway, China, &c. compared.

The medium, as in temperate climates, most favourable to health of man. But other causes besides temperature occur in every climate, so that the effects of temperature alone cannot be ascertained by observation.

b. Dryness or moisture of atmosphere. Moist atmosphere generally deprecated; yet very dry atmosphere also injurious. Egypt and Ireland compared. Simple moisture in moderate degree rather favourable.

c. Soil. Marshy exhalations—in warm seasons and climates. Why wet seasons worst in certain places and dry in others. Calculations on life in

Switzerland on high grounds and near marshes. Peat ground. Of clay, sandy and chalky soils.

d. Vicinity to bodies of water. Near the sea temperature more equable—sea-breezes thought salubrious. Of sea-breezes in this vicinity—their evils in spring—more ungrateful than injurious.

Lakes and ponds less favourable—from grounds on their margins. Of running water, its advantages—may have low banks which will be injurious.

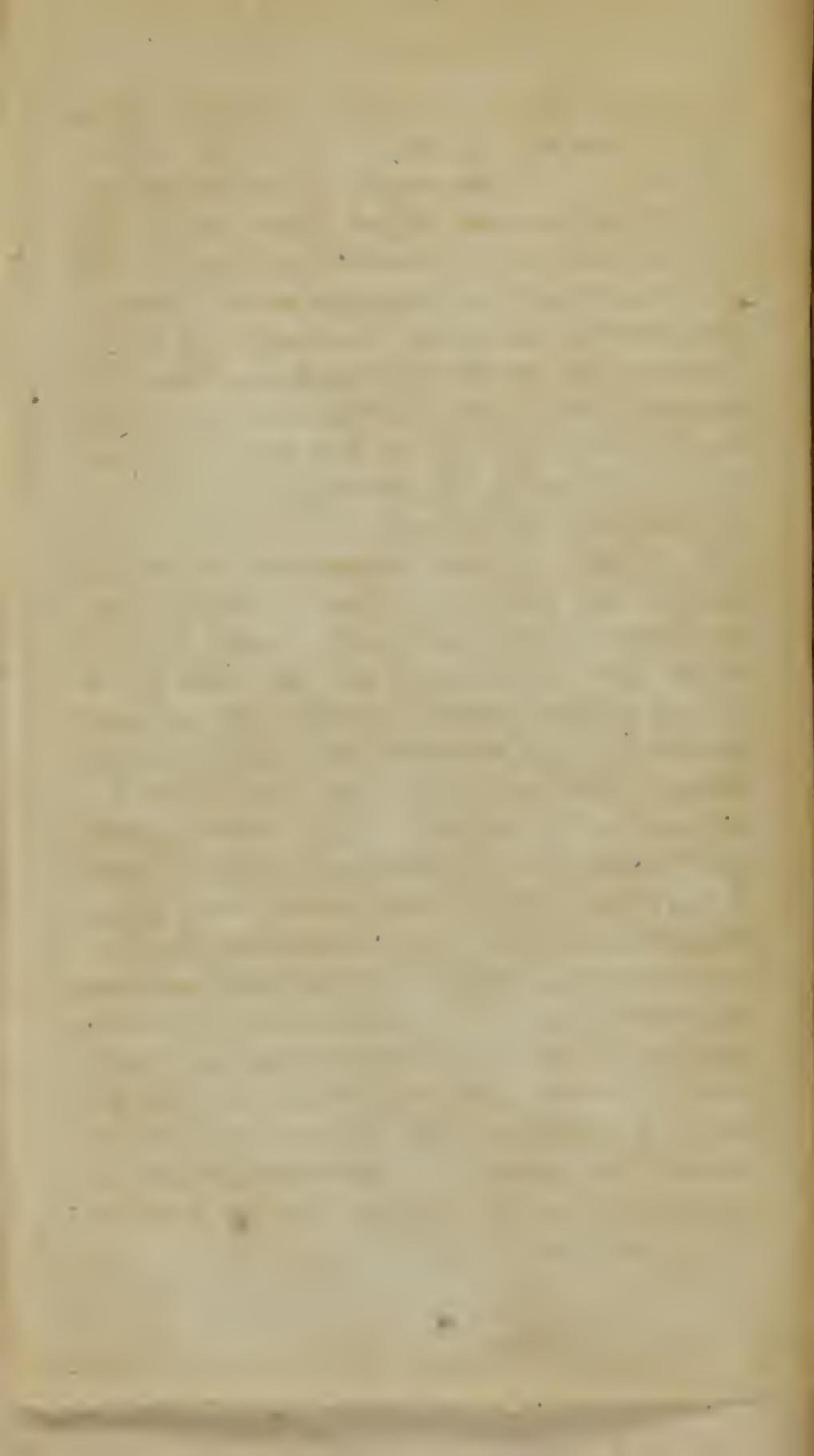
Vicinity to woods and forests.—Useful when not too thick, nor too extensive. By retaining moisture promote putrefaction. Effects on temperature of climate.

e. Elevation. Benefits of high situations—but this with considerable limitations. Tops of mountains unfavourable both to animals and vegetables.

f. Exposure to morbific exhalations. Those from marshes acknowledged. From various manafactories, &c. thought to be bad. Gives rise to question whether putrefying animal matter is injurious. More experience for negative than might be expected.

g. Town and country. Appearances of citizens compared with those of people in the country. Chances for life in great towns, moderate towns and country. The real sources of the evils of towns not inevitable; health affected by habits more than by atmosphere and exhalations, if soil good.

2. Clothing. Its uses. What necessary for hot climates, what for cold. Defence from light. Rules for our own climate. Of changes. Clothing, without proper habits, will not protect from inclemencies



of weather. Of non-conductors in cold and in warm climates. Of ligatures, &c.

3. Diet. The tendency to indulge the appetite not confined to the vulgar. False principles readily adopted when they favour this indulgence. The pleasures of eating not to be undervalued; rather to be promoted. One essential for this pleasure is good appetite. But this destroyed by abuse. The whole amount of pleasure greatest, when health is most promoted. Consider, a. the quality of food; b. periods and frequency of meals; c. quantity. d. condiments. e. drinks.

a. Quality considered in relation to the ease of digestion and the proportion of nutritious matter. Also, inquire whether the good be mixed with offensive elements. The different tastes and powers of digestion among animals. The articles employed by man improved by cultivation. Of the primary elements which are nutritious in vegetables, and of the articles which abound in these. Of the qualities which render animal food most useful. Whether vegetable, or animal food best for man. Experience must be consulted. Life maintained by either. Evils from either alone. Of the proper mixture; not definite; the system accommodates to custom. Rules for different constitutions, seasons and ages.

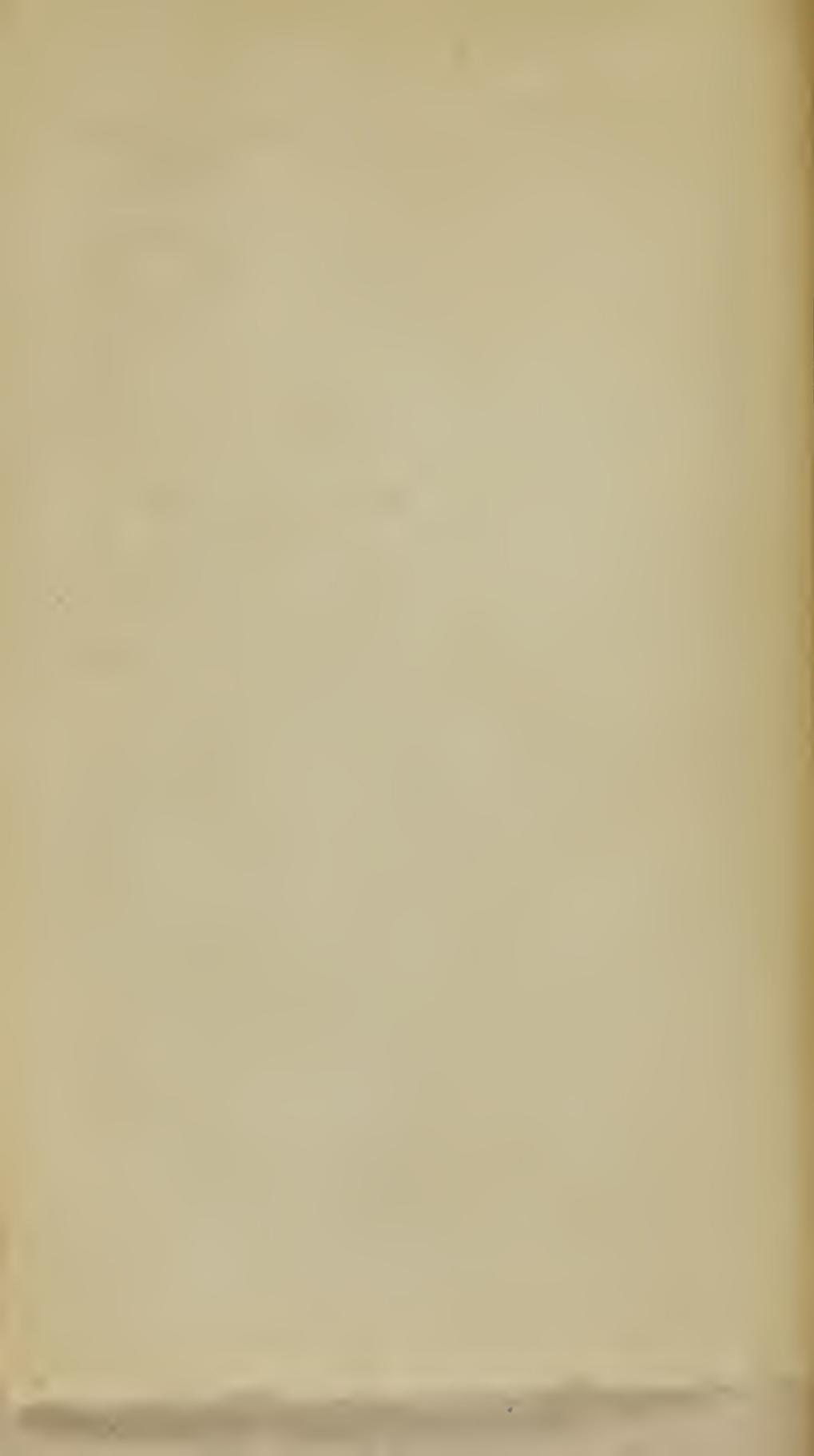
b. Periods and frequency. The reasons for stated meals in civilized life; economical, social and physical. Frequency of meals—considerations regarding it. Not subject to precise rules. Common

practice has been sufficiently favourable to appetite in its decision. How far the periods important.

c. Quantity. Very important to be observed. In countries of plenty errors on this point very common. The less cautious we are on this point, the more so we must be on the others. Full feeders, who do not suffer immediate evils, are very susceptible of diseases both acute and chronic. Certain limits in quantity proposed for the studious—to be regarded by each individual until fair experience leads to their correction. On occasional fasts.

d. Condiments. Use of them. Unnecessary to the temperate. Injurious in many instances, especially if employed freely. Exceptions—in respect to persons living entirely on vegetable food ; also in respect to common salt.

e. Drinks. Necessity for the use of liquids. This necessity supplied by water. Man only uses any other beverage. In combination with water he uses substances which are nutritious, or such as are similar in qualities to the condiments, or alcohol. How far it is adviseable to take nutriment in this form. Of saline and acrid substances in this form. Of liquors containing alcohol. The evils of excess in these is generally acknowledged. Common opinion, as shown by practice, favours a limited use. Of the operation of alcohol, &c. Considered as stimulants. Latitude in which this term is employed. Effects of alcohol on organic system. Effects on animal system. Not the same as simple stimuli. Not proportioned to effects on organic system. Effect of wine and opium



when there is pain. This effect primary. The consequences of habitual and free use of alcohol, &c. Is the moderate use innocent?

4. Evacuations. The occurrence of these not subject to our control; yet we may influence the frequency and regularity of some of them. Ordinarily volition necessary to permit alvine and urinary evacuations; not so for those from lungs and skin. By diet and regimen the evacuations are influenced. It is the alvine evacuation which it is most important for us to regulate. How frequent. Influence of habit. How far regularity or the contrary affects general health, of mind as well as body. Modes of influencing this evacuation without medicine. Of urinary evacuation; how far it requires attention. Relation of this to the other evacuations from blood. All influenced by exercise and by diet. Of the first and second concoction. Of bathing.

5. Exercise and rest. Influence of habit upon our active powers. The abuse injurious. Men, in general, are happily compelled to labour. But in society some are exempted. Such, often professing to cultivate the mind, abuse the power of this over the body. In some instances labour too severe and constant. These not frequent, except from occasional exertions. Evils from sedentary life more common; these among artizans, among the learned and among the wealthy. Powers lost and whole system injured; mind as well as body; the temper as well as the intellects.

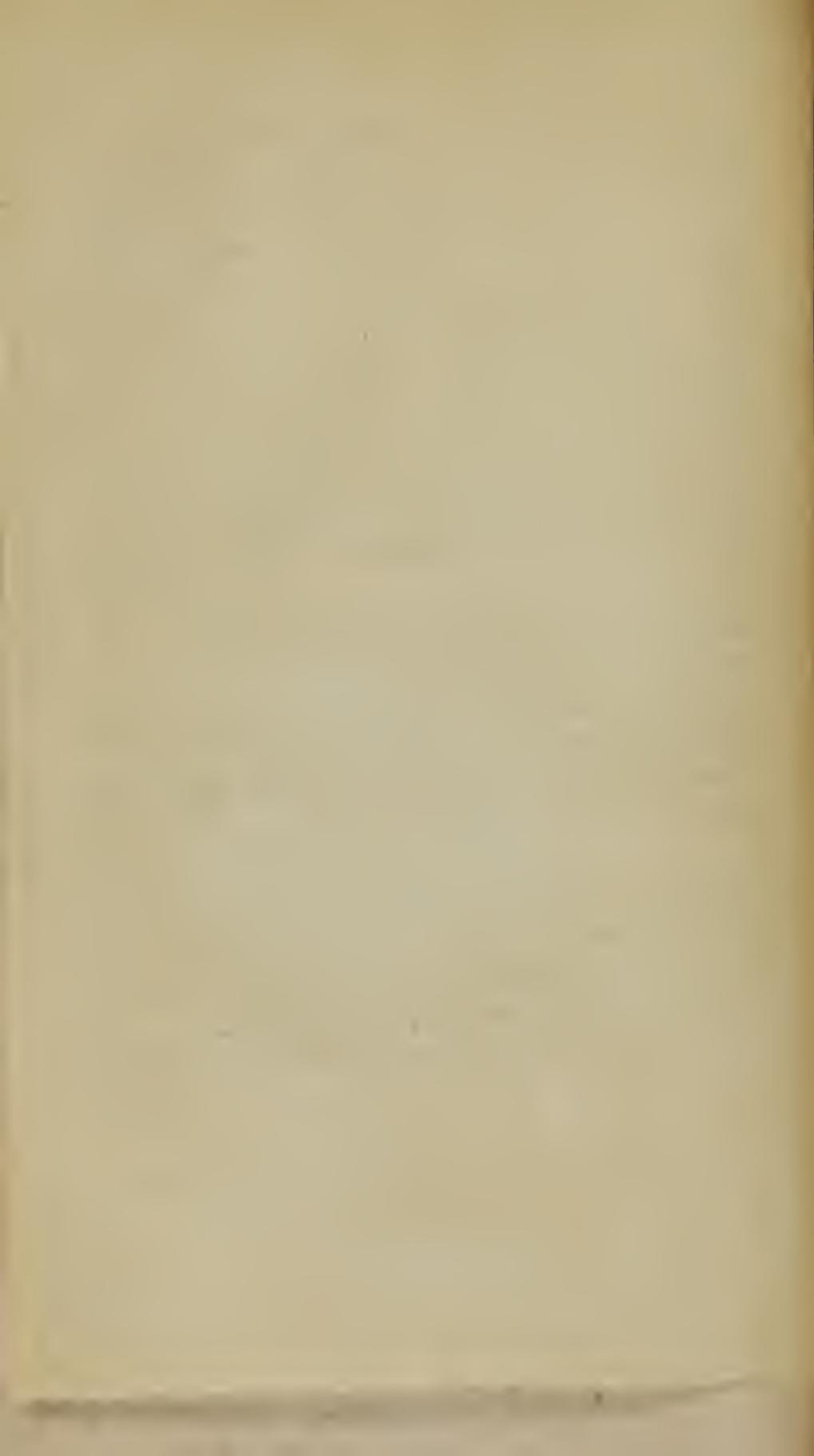
The mechanical explanations of the effects of exercise not true. The effects analyzed. Exercise of mind has been thought a substitute for bodily exercise. In how limited a degree it is true. The extent of exercise necessary for health. The kinds of exercise. To be connected with objects.

6. Sleep and watching. Nature has determined the necessity of alternating these states, but not the proportion of time to each ; nor even the periods, absolutely. She has given limitations however ; these not disregarded with impunity. Of the proper period. Evils of late hours. Of the time to be devoted to sleep.

7. Passions. Bichat's theory of the passions. True that their effects are demonstrated in organic system. Even life suddenly destroyed by them. Effects sometimes very lasting. Influence in disease. How far passions can be controlled. How far health requires this. Caution to be observed when affected by violent passions, from lord Bacon.

Short summary of rules of hygiene. They do not demand a solicitous attention to minute detail; but generous and active habits, cheerful and kind affections, regulated desires, and those temperate indulgences which will not impair the power of enjoyment.





III.

PATHOLOGY.

THIS branch of the science of medicine relates to the doctrine of diseases.

What do we understand by disease? Known only by contrast. Must define health before we can define disease. Of disease and disorder.

In living body disease manifested by symptoms; in the dead body its vestiges seen in change of organization, in unusual distribution of the fluids, in unusual depositions of them, in changes of the colour of parts, and in the presence of substances not commonly found in the body.

During life, then, we recognize disease by symptoms. Distinctions in respect to these.

Symptoms are—*i.* Such as the physician may ascertain by his own observation; *ii.* Such as he can learn only from the report of the patient.

i. Under this division, we have, *1.* Such as are manifested in the patient, and are ascertained by inspection and examination; and, *2.* Such as are manifested in the evacuations.

1. Those of figure, colour, motions, position, temperature, dryness and moisture of the surfaces, which can be examined—pulse—respiration—voice—cough, sneezing, gaping, hiccup; and those ascertained by touch, pressure and percussion.

2. Evacuations. *1st.* Those common in health and sickness. *2d.* Those peculiar to disease.

1st. From skin, lungs, mouth, kidneys, intestines, testes, &c. 2d. From mucous membrane, blood vessels, ulcerated surfaces.

II. Under this division, those which regard sensation, appetite, intellectual powers, moral affections, emotions and passions, when awake, or when asleep.

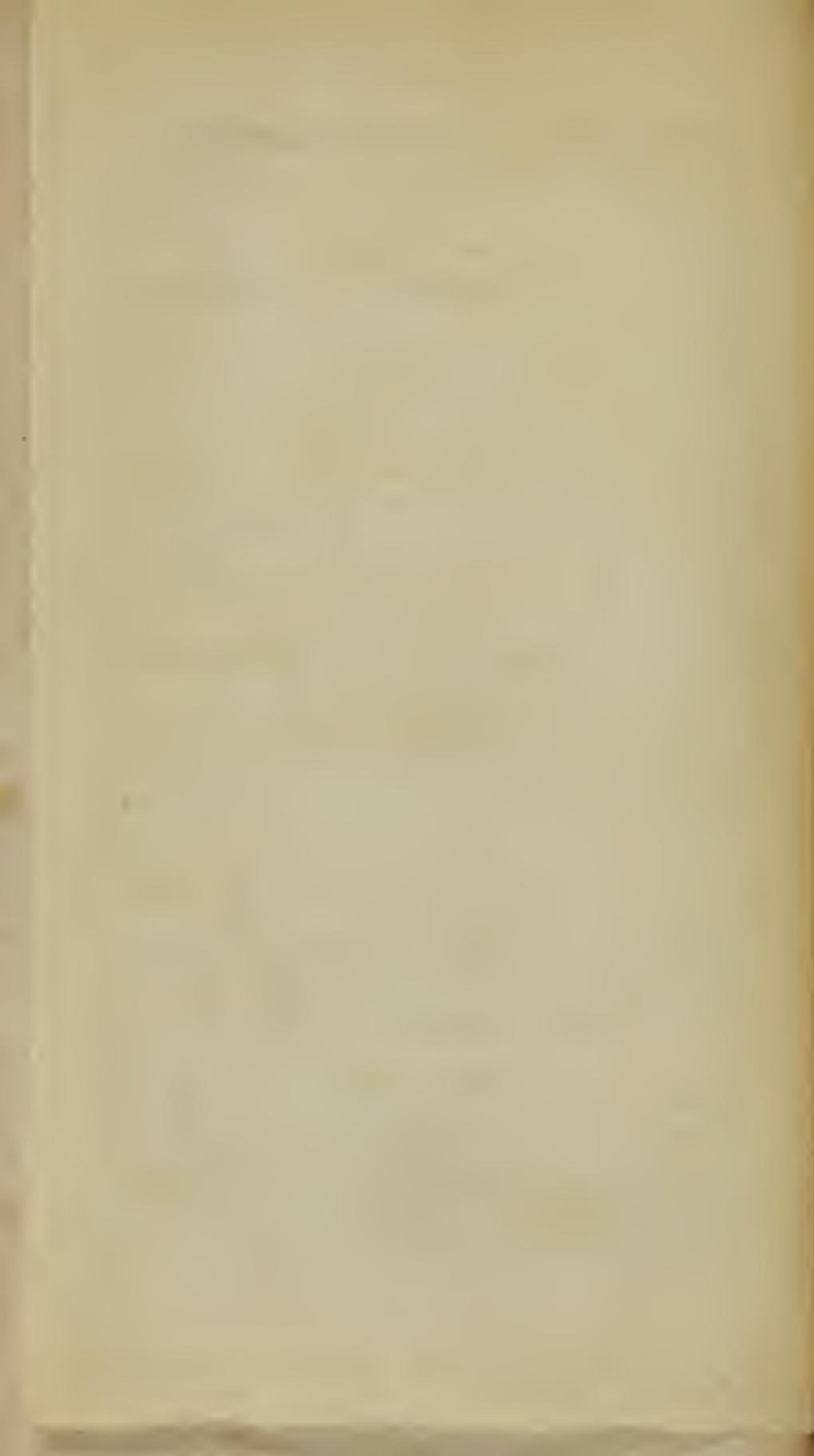
Symptoms to be considered in regard to the period of their occurrence, and to their order of succession.

Although each disease is necessarily described by its symptoms and the order of their occurrence, yet to understand the disease we must inquire what are the actual changes on which these symptoms depend. Thus we are led to the primary changes induced in the body by noxious agents, and then to the characters of those agents. This brings into view the doctrine of remote and proximate causes.

Of remote causes. Predisposing and occasional. Each cause has properties in respect to the living body more or less peculiar. How they act upon the body.

Of proximate causes. The real state of the part, or system under disease. As diseases sometimes consist in a succession of changes, so they sometimes have a succession of proximate causes, which are allied to each other.

Mode of ascertaining proximate cause. By consideration of remote causes; by reference to physiology and consideration of the changes induced, as manifested by symptoms; and by an examination of the effects to be noticed in the bodies of those who have



died under diseases. The elements necessary to determine the proximate cause not always sufficient.

Rules for the interpretation of symptoms, so as to ascertain the seat and proximate cause.

Of pathognomonic, diagnostic and prognostic symptoms, or signs.

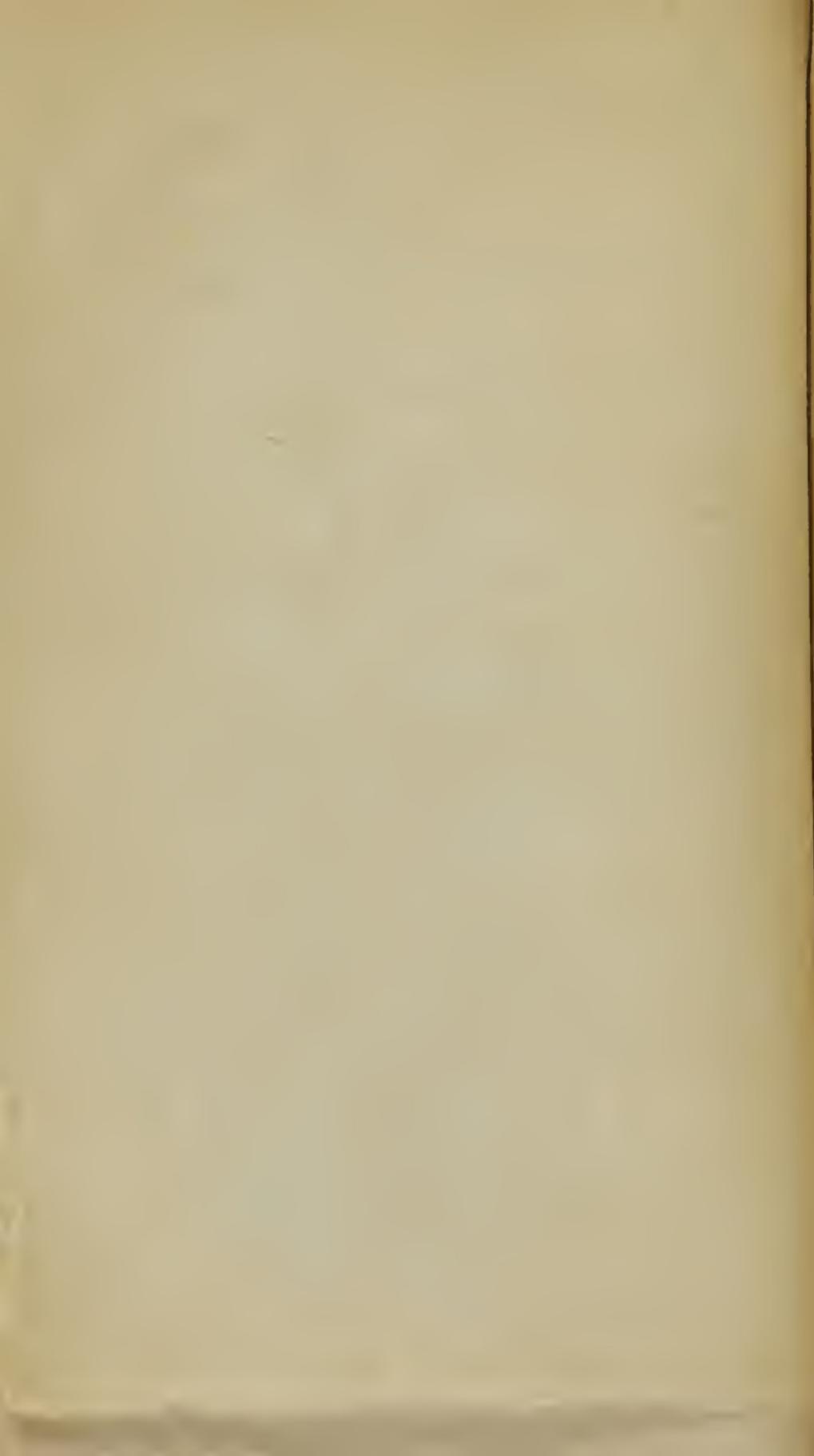
The termination of diseases. In health, in other diseases, or in death. The tendency in the system to the recovery of health. The institution of processes for the removal of offending causes. The loss of susceptibility to causes of irritation after a certain period.

Diseases differ among themselves in various respects. The most obvious and important of these differences to be noted, and that chiefly to explain terms in common use.

i. In respect to their origin they are

1. Hereditary.
2. Congenital.
3. Family.
4. Adventitious, of which the causes appertain to
 - a. certain ages ;
 - b. either sex ;
 - c. particular seasons of the year ;
 - d. modes of life and habits ;
 - e. climates ;
 - f. effluvia from particular sources ;
 - g. circumstances acting on whole communities ;

- h. idiosyncracy, or peculiarity of temperament;
 - i. preceding diseases.
- v. Contagious.
- vi. In respect to their occurrence they are
1. Stationary.
 2. Intercurrent.
- vii. In respect to their prevalence they are
1. Sporadic.
 2. Pandemic ; and these
 - a. endemic ;
 - b. epidemic.
- viii. In respect to their seat they are
1. General, or local.
 2. Idiopathic, or symptomatic.
 3. Fixed, wandering, or retrograde.
 4. External, or internal.
 5. Placed in parts of different structure, or texture even in the same organ, as
 - a. in mucous membrane ;
 - b. in cellular membrane ;
 - c. in serous membrane ;
 - d. in fibrous textures, &c.
- v. In respect to their nature, or character they are
1. Light, mild and small ; or grave and great.
 2. Regular, or irregular.
 3. Benign, or malignant.
 4. Disguised, or manifest.
- vi. In respect to their event they are
1. Dangerous, or safe.



2. Depraved and injurious, or salutary.
3. Curable, incurable, or mortal.

VII. In respect to their form and constitution they are

1. Simple, or compound and complicated.
2. Acute, peracute, subacute.
3. Chronic.
4. Continued, remittent and intermittent.
5. Periodical.

Of arrangement of diseases. *Nosology.* The list of complaints various, yet perhaps there are few elementary diseases. The variety produced by difference in seat and in degree, and by the combination of two or more elementary diseases. Of the systems of nosology which have been published. Of the principles common to them all. Why diseases cannot be arranged like the articles of the vegetable and animal kingdoms. The difficulty insuperable, while we attempt to arrange diseases in a single table. Obviated by two tables. The first to contain symptoms methodically arranged and referring to the diseases in which they appear. The second to contain those diseases.

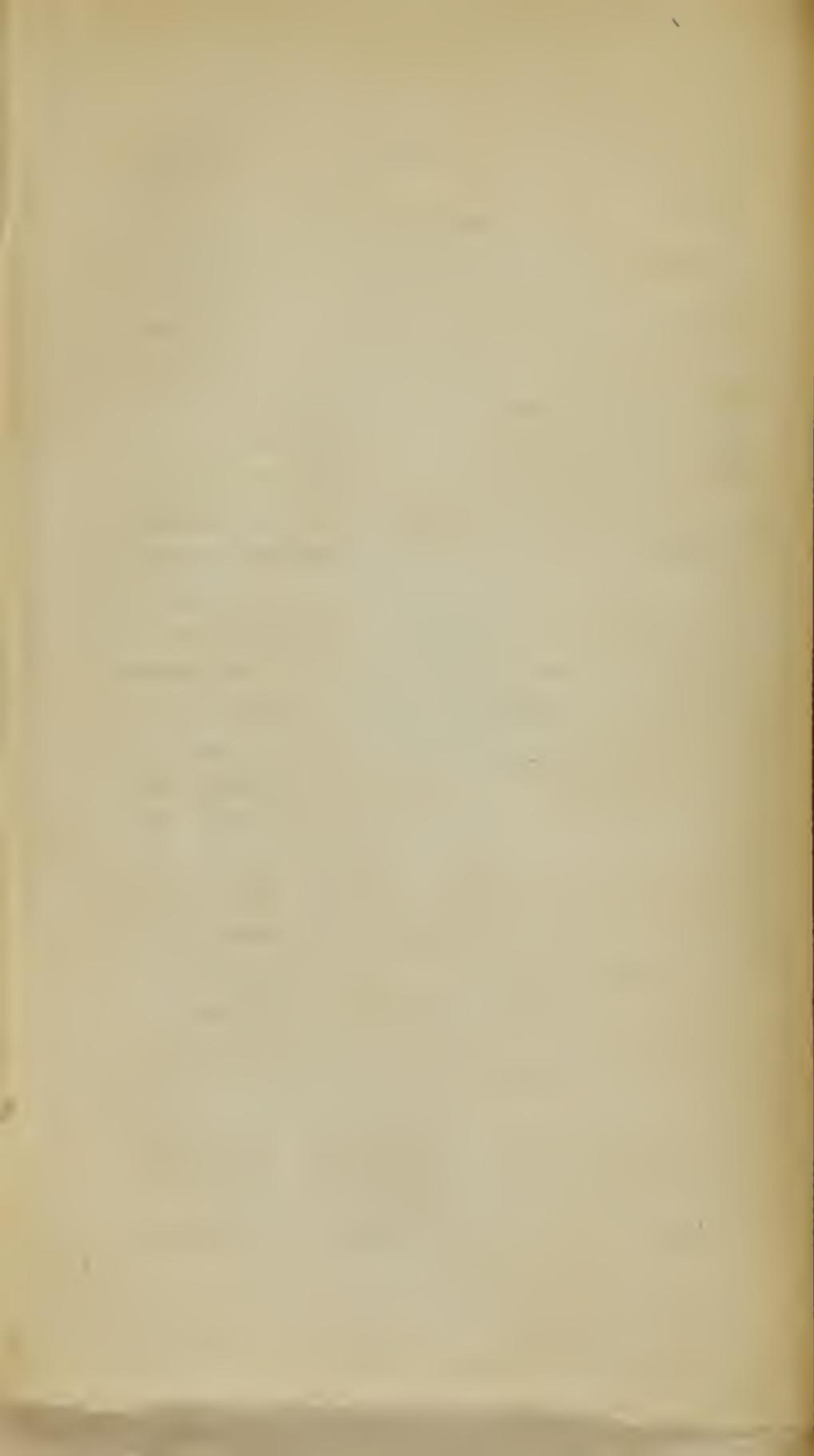
In the first table symptoms arranged under five classes, viz. 1. Symptoms of composition (i. e. manifested in a change of composition); 2. of structure; 3. of properties; 4. of appetites; 5. of functions.

Orders relate to the different organs. Genera to the different textures in each organ. Species to the particular kind of affection. Varieties to differences

of each affection in degree, and perhaps in other respects.

The second table to contain the actual diseases which affect the human body, considered as simple, or elementary in regard to their proximate causes. There may be some question as to certain affections, whether they should be admitted into this table. It is best to admit these, and to diminish the table hereafter, if the advance of science shall permit. Also in this table should be included those sympathetic affections which occur in the whole system, or in any subordinate system in consequence of different local diseases. Lastly, should be included certain diseases arising from the presence of certain remote causes lodged within the body. In denominating diseases it is best to take the names most commonly employed, so far as they are appropriate.

- I. Febres.
- II. Phlegmasiæ.
- III. Hemorrhagiæ.
- IV. Profluvia.
- V. Adynamia.
- VI. Dolores.
- VII. Spasmi.
- VIII. Dysorexiæ.
- IX. Vesaniæ.
- X. Morbi organici.
- XI. Morbi ex adventitiis in corpore inclusi.
- XII. Morbi sympathetici.



IV.

THERAPEUTICS.

THE fourth branch of medical science relates to the treatment of diseases.

Two general modes ; active and watching, or *expectante*. These considered generally.

Diseases mostly compound. We must analyze and thus shall be led either to direct our treatment to most important part, or to most dangerous affection, or to combine means so as to effect several purposes at once.

Of intentions, and indications. The distinction between rational and empirical practice. Indications furnished by symptoms, by remote causes and by proximate causes.

Indications furnished by symptoms—the least satisfactory. When to pursue them. Always with caution.

Indications from remote causes. More safely pursued ; but often inadequate. In some cases essential to regard them.

Indications from proximate causes most important and satisfactory. If a succession of processes these may sometimes be interrupted ; but not always with impunity.

The indications may be clear, but our powers limited.

The agents for removal of diseases act agreeably to

principles considered in treating of relations of the human system to external things.

How far we can increase and lessen, or suspend properties. How we can influence functions.

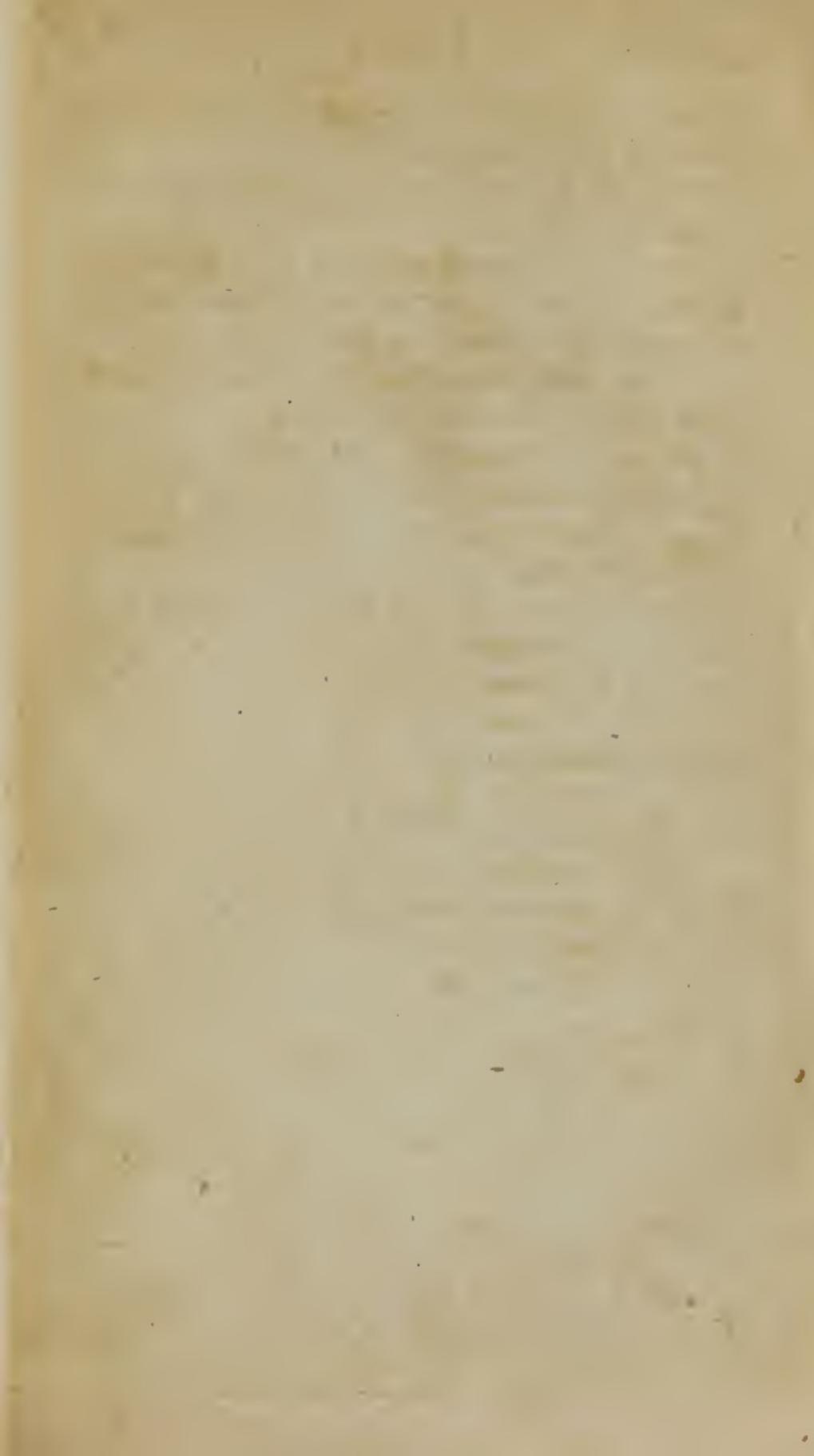
Remedies sometimes employed to lessen the disposition to disease. The operation of some remedies not understood. Employed empirically.

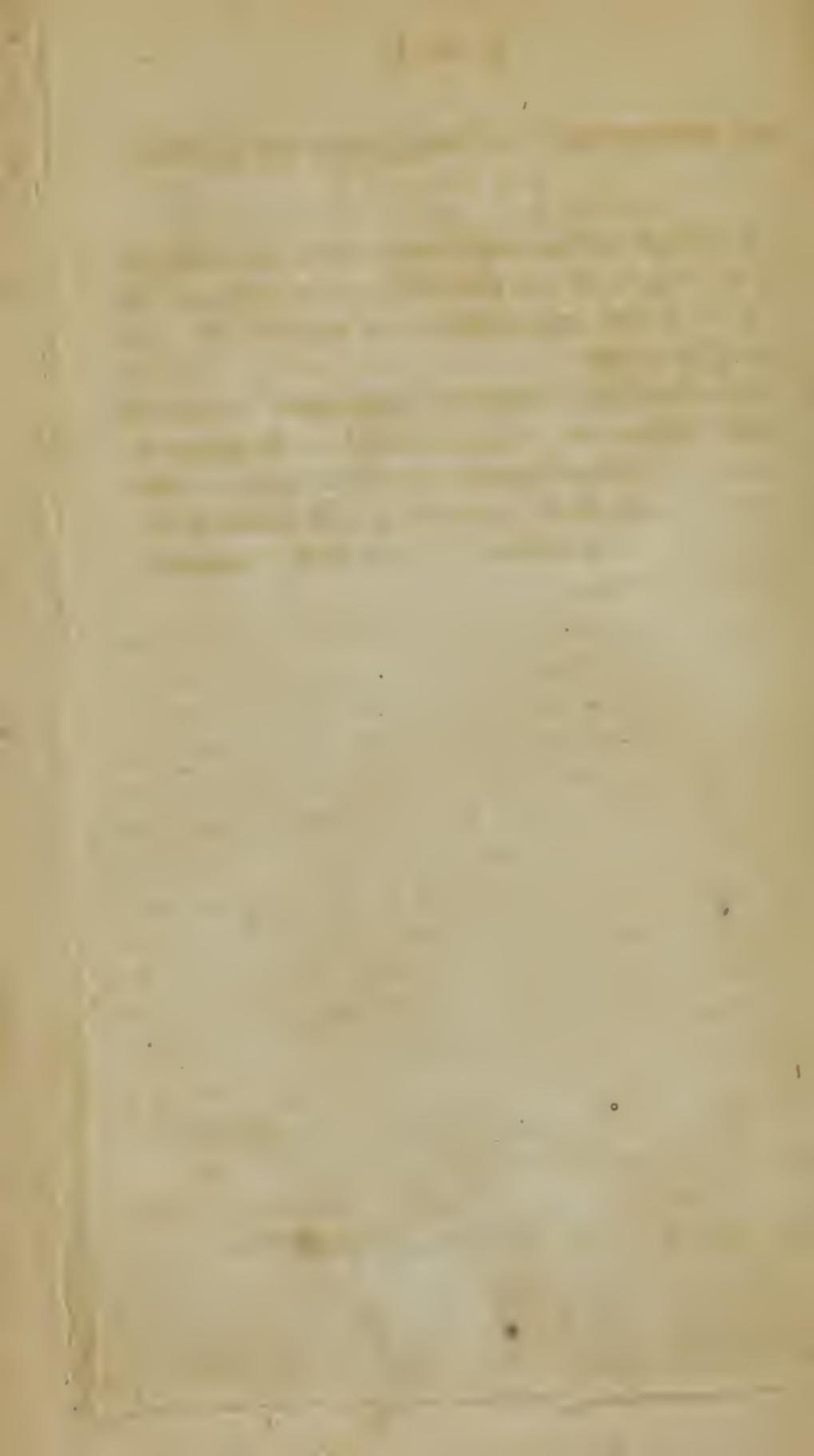
On the mode of operation of some of the principal remedies employed in diseases.

Of bloodletting, general and local.

Of the medicines called

- stimulants,
- tonics,
- astringents,
- alteratives,
- sedatives,
- refrigerants,
- emetics,
- cathartics,
- fudorifics,
- diuretics,
- emmenagogues,
- anthelmintics,
- lithontripics.





THE DESCRIPTION AND TREATMENT OF PARTICULAR DISEASES.

As the preceding parts relate more especially to the theory, so this to the practice of physick. Yet as practice has been referred to in those, so must theory be in this.

Diseases to be considered in the order which will render them most intelligible; and, as all cannot be considered, the most important will be selected. Particular diseases to be grouped in such mode as will render the consideration of them most convenient, or advantageous.

FEVER.

In this disease we see the functions variously deranged, the powers and appetites suspended, or altered and modified, the mind affected as well as the body, and the whole appearance more, or less changed. Phenomena of the same general description are to be noticed in sympathetic affections of the system, yet they depend on a local disease, and if that be removed they disappear. In the disease to be described, it does not appear that any such local cause exists.

Unsettled state of opinion in respect to fever, although debated since the earliest days of medicine. Can we not present the naked facts without reference to theory? The facts so numerous, so various, so greatly differing in arrangement in different cases, that to present them alone in all their modifications, &c. would be an endless task. Some method necessary in displaying them. But every method must have relation to some theory. We shall adopt the method of highest authority and which involves least theory;—which also begins with most simple and distinct views and proceeds to those more complicated.

Of the subjects of fever. Idiosyncracies in this respect.

Common acceptation of the term fever;—applied to various affections; these thought to have something in common. What is this? Not agreed.

Term restricted to a class of diseases thought to

resemble each other in essential characters. Idiopathic affection of whole system. Consists of one or more paroxysms; but in many cases these not distinct. Each paroxysm consists of certain stages; but again not all in every case. The disease as a whole has distinct periods, as a paroxysm has distinct stages. Plan to be pursued.

Of ephemera;—a single and perfect paroxysm. Access, cold stage, hot stage, crisis.

Symptoms of access. Those of animal system; those of organic system. This stage of various duration. Not noticed in all cases.

Cold stage. Symptoms. The same in kind which occur in various cases where new actions are to be performed, or the system is thrown into a new state.

Hot stage. Symptoms. These succeed gradually, and for a time mixed with those of cold stage. This less frequently wanting than either of the others. But even this not distinctly present in all cases.

This terminates in hæmorrhage, inflammation, or crisis. Of the hæmorrhage and inflammation. How far favorable.

Of Crisis. Favorable, or otherwise. The symptoms, when favorable;—when unfavorable. Duration of the stages.

The description given may be considered as referring to a model, rather than to any actual case. This inevitable in endeavoring to give distinct and just ideas of all the parts. In almost every case some symptom wanting; and no symptom which

may not be. The disease shows itself in the whole system, but unequally.

Of compound fever.

More than one paroxysm.—Intermittent, remittent and continued fever. In general, fever appears to regard diurnal period.

Of intermittents. These have paroxysms recurring daily, every other day, &c. The interval, from commencement of paroxysm to that of another. The intermission from end of one to beginning of another.—Of types, quotidian, tertian, &c. The tertian most common.

The paroxysm of intermittent resembles ephemera generally. The cold stage more formal than in continued fever, more severe and longer. This not to be relied on entirely. Some epidemic continued fevers are characterized in part by severity, &c. of cold stage. Crisis in first paroxysm of intermittents less perfect than in ephemera. What exception there is to this. Second paroxysm on 3d day from first, and so afterwards. Not precisely at the same hour; how far it varies.—Symptoms remaining after imperfect paroxysms.—Of the indistinctness of early paroxysms;—the ordinary changes in this respect; and common duration of the disease. Modes in which death may be produced by the disease. Disease often terminates in health, suddenly, after a severe paroxysm.

Of quotidiants;—they preserve the intermittent character less perfectly, than tertians. Of double tertians, &c. Of quartans;—double quartans.

Of simple continued fever. Access very commonly and often occurs for many days before formal appearance of the disease. Cold stage commonly slight, and indistinct, continuing into hot stage; chills recurring irregularly for one or two days, but more at certain periods. Hot stage more severe, yet heat not commonly so great as in intermittents. Of the temperature as ascertained by thermometer. Of the tongue, stomach and bowels. Of the secretions and excretions. Of the circulation,—and the respiration. Of the animal functions.

Of the progress of the disease. How far paroxysms can be distinguished. Exacerbations—supposed to occur at evening—not confined to that period. Of the febrile day. Common period of remission. Of the increase, height and diminution of the disease; the course and changes of symptoms during these periods. Of the termination in death; very rare if the disease simple and nearly regular. Duration of the disease. Termination sudden by favorable crisis after severe exacerbation. More commonly the return to health gradual. Termination by hæmorrhage, or by inflammation. Sometimes continuance of fever with these. Symptoms of low and exhausted state of the system in fever.

Of the appearances after death. Infrequency of

opportunity to ascertain these in respect to simple fever, whether ephemera, intermittent, or continued. Negative evidence on the subject. How minute examinations ought to be, to quiet all conjectures; and by men well-versed both in disease and in anatomy, morbid as well as healthy.

Of the causes. Many phenomena noticed in history of fever have not been described. A distinction has been made, which is theoretical. But this not only tends to give distinct views, it facilitates the communication of facts, even if it be incorrect. As much as is commonly thought essential to the disease has been described. The remainder may be stated more distinctly after discussing causes.

Importance of regarding distinction of proximate cause in fever, for the very reason that it is *not* satisfactorily ascertained.

Of the remote causes. In respect to some of these there is such abundant evidence that they cannot be doubted. Yet they often occur without producing fever, and even produce other diseases. They are the occasional, or exciting causes. They are generally causes which tend to interrupt the regular performance of the functions. The disease gets its character principally from the predisposing cause.

The predisposing causes not well known; yet something known in respect to them. Of the seasons in which they act most strongly. How the sensible changes in the weather operate either as causes, or as developing causes of fever. Of the influence of heat and moisture in producing fever.

Of marsh-miasmata. Whether these from vegetable or animal decomposition? The extent to which they act.

Respecting causes of fever from animal matter. From apartments over-crowded by the healthy,—by the sick;—from persons affected by fever,—infection;—from animal matter in process of decomposition.

Intermittents appear long after exposure to cause. It may be so with continued fever. The embarrassment which this creates in determining the cause.

Of the proximate cause. Of the number of opinions and of errors on this point. Of one opinion maintained by a large portion of pathologists,—that fever is, in part or in whole, a salutary effort to remove some evil. A general reason in favor of this doctrine. The difficulty of drawing the line between the morbid and the salutary processes. If this be done we probably shall ascertain the proximate cause.

The various opinions respecting the proximate cause may be reduced to such as place it, 1. in the composition, 2. in the structure, 3. in the properties, 4. in the functions; or in two, or more of these at once. General considerations, concerning relations between living body and external things, serve to show that the cause cannot be either in the composition, or in the structure. If they be affected it is secondarily.

Consideration of Cullen's opinion which places the proximate cause *in the properties*. The evidence in favor of his opinion examined.

Consideration of that part of Cullen's opinion which was derived from Hoffman, and which places the cause *in the functions*.

Consideration of some other opinions. Unsatisfactory character of them all. How far the analysis has led. To show that the proximate cause consists in an affection of the powers, or properties of vitality. Evidence. Certainly it is possible that more may be known hereafter, but not very probable. The utility of going thus far is chiefly to discountenance erroneous opinions.

Remarks in respect to some of the principal symptoms in fever;—in the cold stage; in the hot stage; in the crisis.

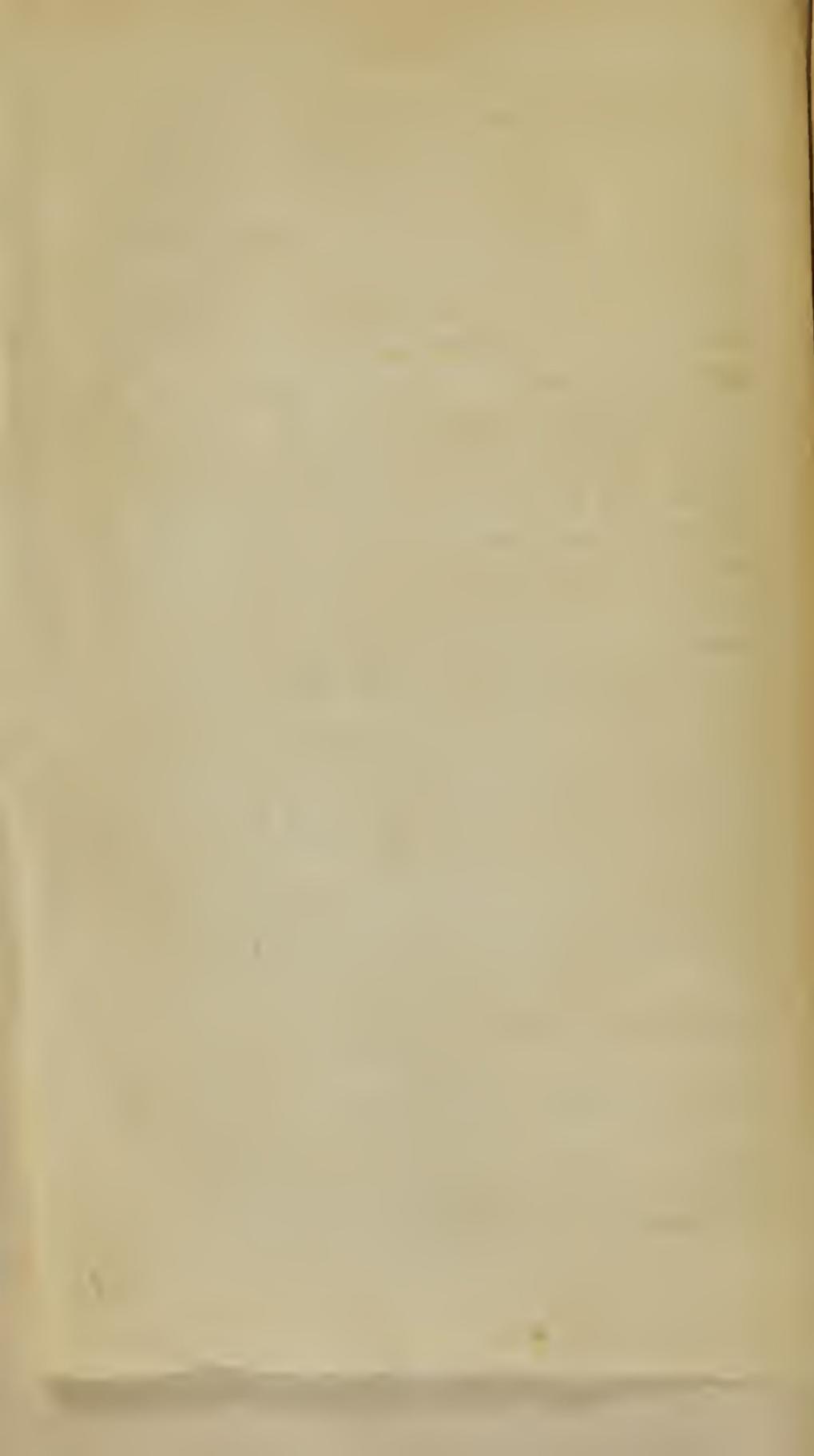
Of varieties in fever. Not any precise form which is regular—a *beau ideal*—it is only when the deviation is considerable that it can be called an irregularity, or variety. Distinction of varieties from type.

The principal varieties of simple fever founded on the unequal affection of the system. Lines not definite.

First, the animal system particularly affected. Symptoms.

Second, the chylopoietic viscera particularly affected. Symptoms.

Third, the circulating system affected. Difficulty of forming an opinion on this point. Symptoms.



Fourth, the power of vital affinity particularly affected, as manifested in tendency of fluids to putrefaction. Symptoms.

Of other varieties;—these perhaps less distinctly marked.

Of irregularities in fever. These to be noticed in symptoms and in paroxysms. Of the irregularities described by Fordyce—remarks on them. Chiefly included under our division of varieties. Of general inflammation. Of injury of vital organs with, or without inflammation. Of unequal affection, in which one part is not affected by fever. Of hysterical symptoms. If the opinions of Dr. F. on these points be not well founded, yet they lead to an examination and discrimination of facts.

Irregularity of paroxysms in intermittents. Of paroxysms, occurring without respect to diurnal period;—of their prolongation.

Of epidemic fevers. The occasional prevalence of fever in particular districts, more or less extensive; during a single season, or for several seasons in succession. Often preceded by epidemic diseases of inflammatory kind. These epidemics often referred to previous states of the seasons;—but continue through seasons of different characters;—and the same disease not always preceded by the same course of weather. Rather than acknowledge ignorance men will find causes in the motions of the heavenly bodies, or in exhalations from the earth. Causes not known.

Of the opinion advanced by Sydenham that an

epidemic converts and expels other diseases. This opinion well grounded to a certain extent, but has been adopted with too little limitation. How far is it true that epidemics have characters quite distinct? Do we not find evidence that in the same epidemic there are several varieties of simple fever, and also cases of fever combined with inflammation, &c.? If the remarks suggested be correct, a uniform method of treatment not to be adopted.

Of the epidemics common in summer and autumn, in our climate.

Of the fevers which often occur in the cold season amongst us. Of the British typhus.

Of the epidemics called malignant.

Of the epidemic called yellow fever.

Of the epidemic called spotted fever.

Of the prognosis. Fever various in severity and duration;—sometimes fatal. Have we any principles to direct our judgment on these points at an early period of the disease? So far as we have it requires experience and sagacity to apply them.

General mildness of symptoms favorable. How far we are liable to deception in this respect, especially from mildness of particular symptoms.

Appearances of the evacuations afford some rules for prognosis.

How prognosis affected by combination of other diseases with fever.

Of the diagnosis. Shall point this out when treating of other diseases, which may be confounded with fever.

Of the treatment. On a subject so interesting and involving complicated considerations, there has naturally been much difference of opinion. Some delighted by observing the relief spontaneously ensuing, even after the most formidable appearances in fevers, have insisted on the dangers of interference and have thought proper to "wait on nature." Others impressed by the sufferings and dangers of the disease, have urged the use of the most powerful remedies to arrest its progress. Intentions of cure have varied with the theories respecting the proximate and remote causes. Thus a great variety of measures have been tried. The same remedies, however, by different persons with very different views. From the experience thus attained let us inquire what intentions we should adopt, and what we are taught by experience respecting the means of fulfilling them.

An *ephemera*, when we know it to be such, may commonly be left without remedies. In intermittents and continued fevers remedies are more useful. The remedies not the same for both. The principles to be regarded will be brought into view most conveniently by first considering continued fever, afterwards intermittents.

First then we consider the treatment of simple continued fever; second, the treatment of intermittents; third, how far this is modified in the varieties of the disease; fourth, the treatment adapted to the irregularities and accidents.

First, treatment of simple continued fever. Experience has shown that fever may be arrested at an early period. This early period has greater, or less extent, according to the character of the disease. A general description of the method, which experience has shown to be useful. Hence is derived an indication. The methods not equally good. Evacuations have been mostly employed. The different evacuations considered.

Blood-letting the most general. In simple fever not commonly esteemed useful. Source of deception to those, whose experience seems to sanction it. Have they treated simple fever?

Sweating not great at any one moment ; but takes place on an extensive surface. The impression made on the cutaneous organ as much to be regarded, as the evacuation. Of theoretical arguments in favor of sweating in fever. The old distinction of crude and concocted matter. The benefits derived from sweating are not inconsiderable ; but experience does not allow to this evacuation so high a rank, as to some others in simple fever. Evils which may arise from it. The remedies best adapted for promoting it.

Vomiting, as a mode of evacuation merely, inferior to the foregoing and to purging. An unnatural evacuation in health ; but not in disease. The matter evacuated is more morbid oftentimes. The principal efficacy probably arises from the violence of irritation in an important organ. The sympathetic effects great and extensive. The testimonies of experience in its favor. The remedies to be employed and



the management of them. Advantages of combining emetic substances. How powerful the effects should be.

Purgings more powerful as an evacuation than vomiting. Employed either to carry off foecal matter, or to get evacuations from the mucous membrane, the liver, &c. Like vomiting it is useful not merely as an evacuation. As a remedy inferior to vomiting, but a very useful auxiliary. Not always to be practised with impunity. Of the combination of emetics and cathartics. The articles to be used.

Other evacuations not to be directly attempted; yet when effected may aid. They may be produced at the same time with vomiting and purging, or directly after them. If the indication be not perfectly fulfilled, yet the disease may be mitigated by these practices. Caution in pursuing them.

A mode of fulfilling the principal indication at an early period, without evacuations; or of completing the object proposed by using them. This by cold water, or other liquids. Different methods of using these. General modes in which they operate. Cases proper for such treatment. Cautions to be regarded.

Of the treatment at a later period of the disease. The intentions to be adopted. Experience shows that a crisis may be induced by art; and that, if it be not, the disease may be mitigated. How late in the disease such remedies may be employed. Of evacuations after the early period. The greater caution requisite. Of the articles supposed to pro-

mote a crisis. In what way they probably operate. On the use of cinchona and various other articles often employed in fever.

Second, the treatment of intermittents. To be considered as simple, or uncombined. The general efficacy of cinchona well known. Experience has shown that this and other remedies given during intermission will often arrest the disease. The fears once entertained from this practice. The inference to be drawn from its success, in respect to the supposed salutary effects of fever.

Cinchona not always effectual. Rules to be observed in use of it. The principle, respecting perfect crisis, on which they are founded. Exception to it. Why the cinchona should not be used, where the good effect would probably be small. Quantity of cinchona to be administered, &c.

If cinchona cannot be used three questions arise.
 1. Are there any substitutes for it? 2. Must any regard be paid to crisis in the use of these? 3. Can the crisis be rendered more perfect by art?

1. There are many substitutes; but most of them inferior in power, and less eligible in common cases. Of the vegetable tonics and astringents which have been used. Of opium. Of charcoal. Of mineral articles used for this purpose. The considerations which should induce the use of these, and the mode of using them. Of the preparation of arsenic particularly. Respecting the external application of cinchona, &c.

2. The limited experience in respect to these does not furnish a satisfactory answer. What is probable.

3. It can be. Indirectly, by removing causes which prevent the crisis from being perfect. Directly, by the same remedies which promote crisis in continued fever.

Of diet and regimen in fever, both intermittent and continued. Two considerations in respect to diet;—one regarding stomach; the other the system at large. The articles which may not be used, and those which may be, in continued fever;—in intermittents.

Under regimen, of clothing, bed, air, temperature, &c.

Of the treatment when active measures are forbidden, either by the late period of the disease, or by any peculiarities of the case.

Third, how far the treatment must be modified in the varieties of fever. General considerations. Particular treatment.

I. Where the animal system is particularly affected.

II. Where the chylopoietic viscera are particularly affected.

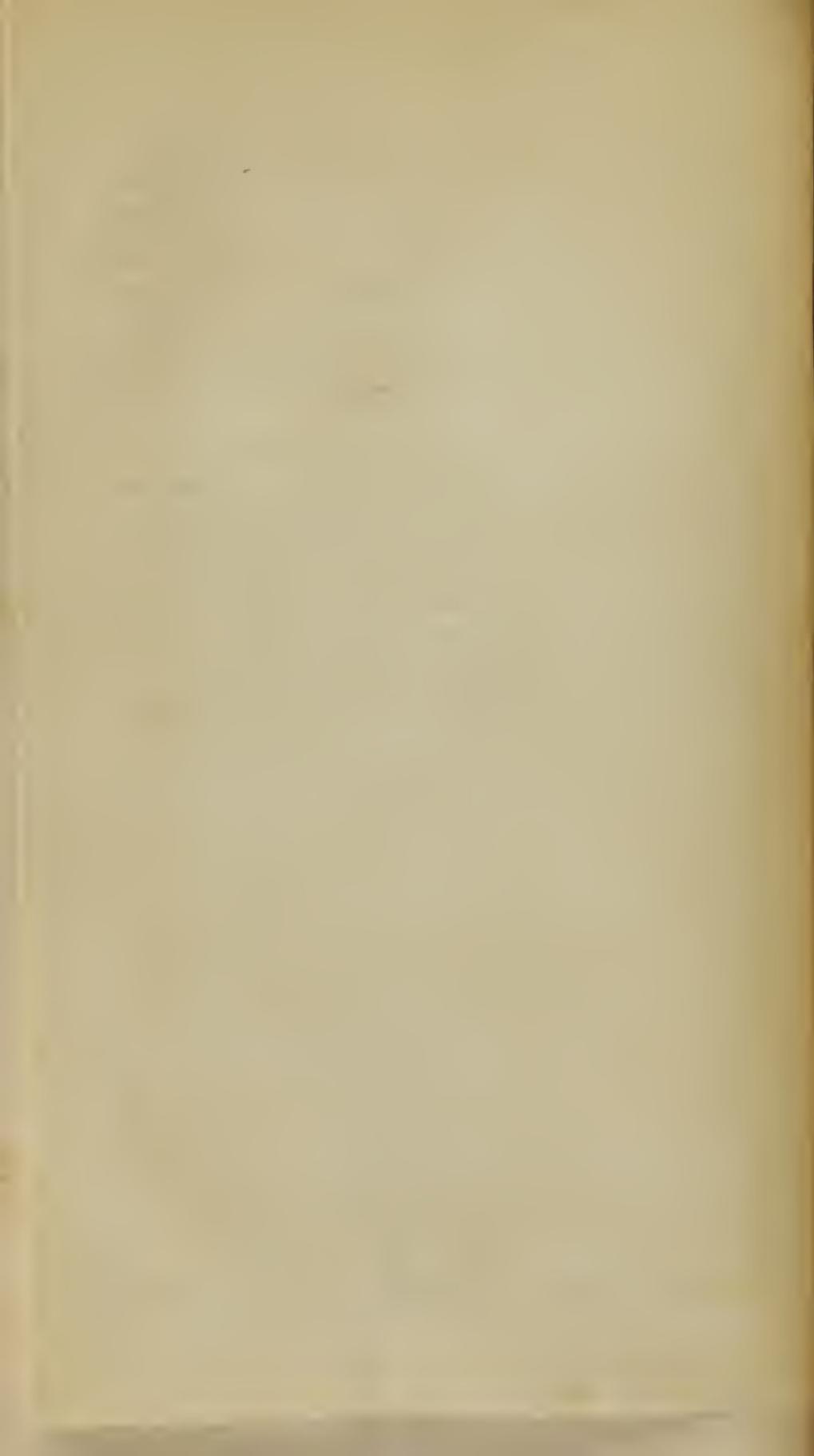
III. Where the circulating system is particularly affected.

IV. Where the power of vital affinity is particularly affected.

Fourth, the treatment adapted to the irregularities, and accidents. Active treatment to be adopted in those cases, of which the nature is obvious, and for which

we have remedies that can reach, or control them. In doubtful cases the waiting, or *expectante* method preferable to the active. Of great spontaneous evacuations without relief. Of embarrassment of the stomach. Of powerful spasmodic affections. Of hysterical affections. Of sudden and unexpected changes. Of irregularities in the paroxysms in intermittents.

Brief review of the points to be regarded in the treatment of fever. Considerations in regard to the treatment of epidemic fevers. The general character and effect of remedies to be studied in each. Rules drawn from these not to be followed too universally. Advantages in this respect from the method here followed in discussing the subject, even though imperfectly executed.



PHLEGMASIÆ.

RESTRICTED use of the term by nosologists. Employed here as synonymous with the general term *inflammation*, when applied to diseases. This is a term of extensive application. It does not bring to the mind a precise, simple and definite idea. Various diseases arranged under this head; —*various* as to their causes; as to their period and course; from differences in the structure and importance of the parts affected; as being common, or specific; as influenced by different constitutions. It may be short and slight, or most grave and lasting. It is a local disease, but it probably arises sometimes from a general affection of the system, and often produces general affections. The most frequent of diseases. Simple, or combined with other diseases.

Inflammation consists in a train, or succession of changes, or *processes*, of which all need not occur to constitute it; even though it passes through only one process the disease may be recognized. It must be described in its most simple and regular forms, and afterwards in those more complicated and less regular.

First, it will be described in those parts, in which its processes are the most simple. *Second*, in parts, in which they are less so. *Third*, as being complicated by affecting at once and together parts of various structures. *Fourth*, the most common irregularities in the several processes will be described.

Fifth, the causes of inflammation generally will be discussed. *Sixth*, the different species of inflammation will be described. *Seventh*, the constitutional affections arising from inflammation will be described. *Eighth*, the principles of treatment.

To be premised an enumeration and a short description of the symptoms considered most peculiar to inflammation. Then, as proposed,

First, inflammation will be described in those parts, *in which its processes are most simple*. This is the case in the membranes, which are least connected with other parts. The processes on the mucous membrane most simple. They may be traced most distinctly on the *tunica conjunctiva*. The symptoms in the order of their occurrence, when the inflammation appears to go most perfectly through all its processes.—The changes gradual, yet the disease distinguished into different processes. Of the formative, suppurative and restorative processes. The symptoms arising from the same processes, when in mucous membrane of internal parts.

Second, inflammation in those parts, *in which its processes are less simple*. May be traced in serous membranes. The symptoms in their order. Of changes ascertained by dissecting the parts. The processes—formative, adhesive, suppurative, ulcerative and restorative. The disease does not necessarily pass through all these.

The course of inflammation in the cellular membrane essentially the same. A description of cases,

in which a foreign substance is lodged in cellular membrane :—of cases where this is not the cause.

The same general course in all *circumscribed cavities*.

General remarks on inflammation in parts of other structures. Does it occur only on membranes? Not very easy, nor very important to answer. Practically it may be considered as answered in the negative.

The principal object thus far has been to make the several processes understood. They have been considered as confined to parts of one structure, except in describing the ulcerative process. We have

Third, to describe *inflammation* when complicated by affecting at once and together *parts of various structures*. These united by cellular membrane. On that the disease is propagated. Adhesive process unites them, extending even into blood-vessels. Under some circumstances we find parts of different structures do not enter equally well, nor at the same time into the processes of inflammation. Of the extension of the adhesive process from one texture to another, while the suppurative takes place only in the first. Of the occurrence of the suppurative process in the texture not originally the seat of the inflammation.

Fourth, the most common *irregularities in the several processes* will be described. Prolongation of the formative process. Prolongation of the adhesive process. Imperfect performance of this process. Occurrence of this process on the mucous mem-

brane. Variations as to the quality of the pus in the suppurative process; and as to quantity. Prolongation of this process. Effusion of watery fluid, sometimes containing albumen, sometimes not. How far dropical effusions generally may be referred to an inflammatory process. Ulcerative process on mucous membrane. Undue extension of this process. The restorative process, often interrupted, does not so readily take place. Inflammation may terminate, without going through the regular processes, either by resolution, or by mortification. Both modes described.

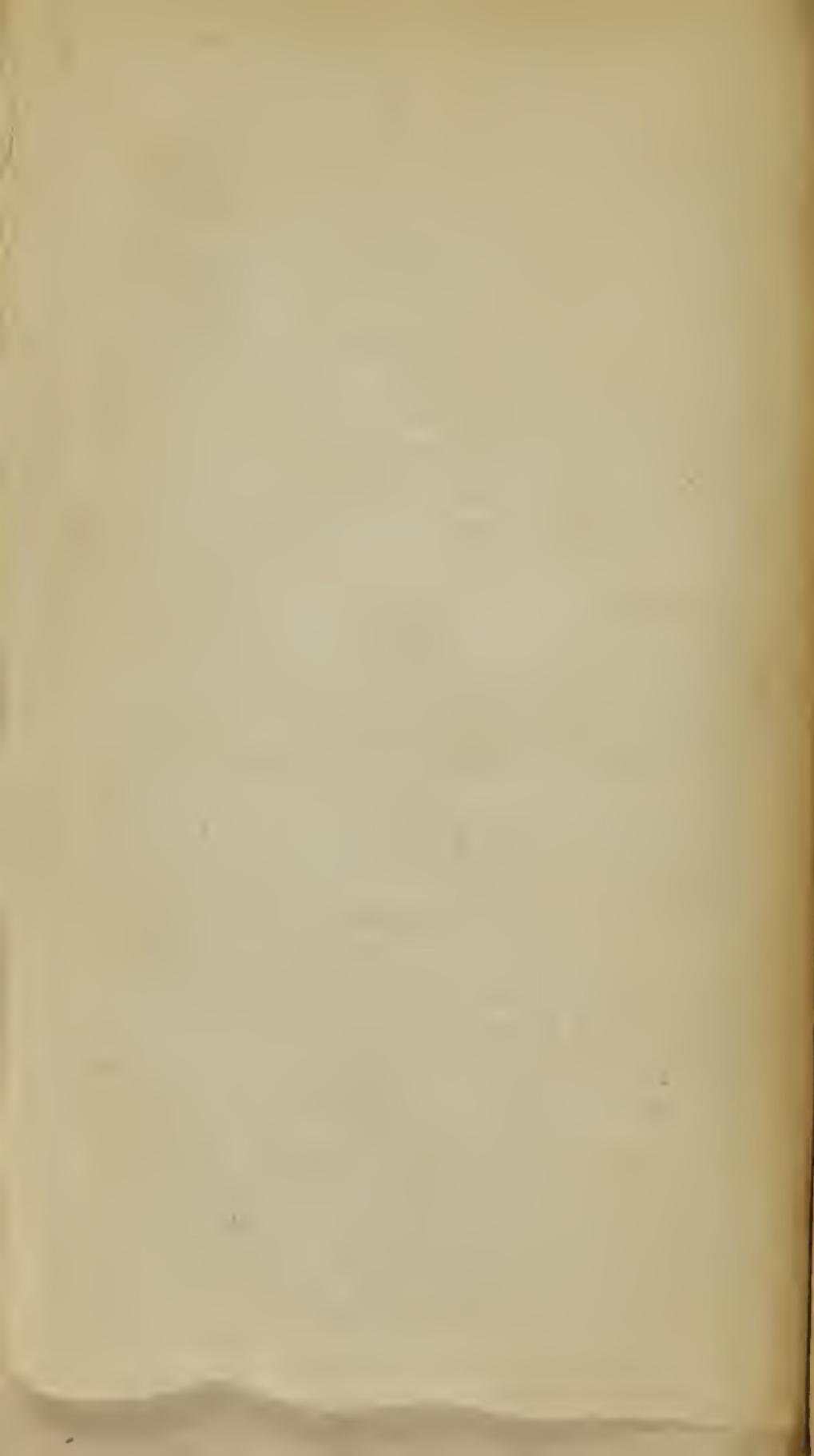
In what sense the processes are considered irregular in the foregoing cases.

Of inflammation which is rapid and violent, the processes as if hurried. Of the sudden extension of inflammation. Of inflammation attended with debility.

Of *chronic inflammation* generally. How far this differs from acute. Will be more fully illustrated in considering particular diseases.

Fifth, on the causes of inflammation.

Predisposing causes. Inflammation may be produced in all cases, unless the powers be exceedingly reduced. In some cases however by very slight causes. General description of the causes which increase the disposition to inflammation. Violent, or undue exertions, or such as are long continued and are somewhat greater than the system has strength to support, often induce a disposition to inflammation. This particularly obvious in the case of func-



tions, which are only occasional. Of causes which dispose one part of the body more than others to be affected by inflammation, and which give peculiar characters to the disease. Influence of different seasons.

Exciting causes. Very numerous, but may be classed under a few heads. I. Such as affect the structure. II. Such as affect the properties of vitality. III. Such as affect the functions. Exciting causes not always known, but probably are always of the above descriptions.

I. Causes which affect the structure. Chymical, or mechanical. Efforts for restoration. To effect this, under ordinary circumstances the parts must be brought into the state of a suppurating ulcer by the processes of inflammation, and then the restorative process ensues. The final cause here understood; and this favors the supposition of an analogous final cause in other cases of inflammation.

II. Causes which affect the properties of vitality. Difficult to decide positively when these are affected. The opinion entertained by some that many common inflammations, as catarrh, are referable to an accumulation of vital power. Does not appear to be supported by facts. Doubtful whether any causes act in this way. Distinction between causes which *act on* the properties and those *affecting* them.

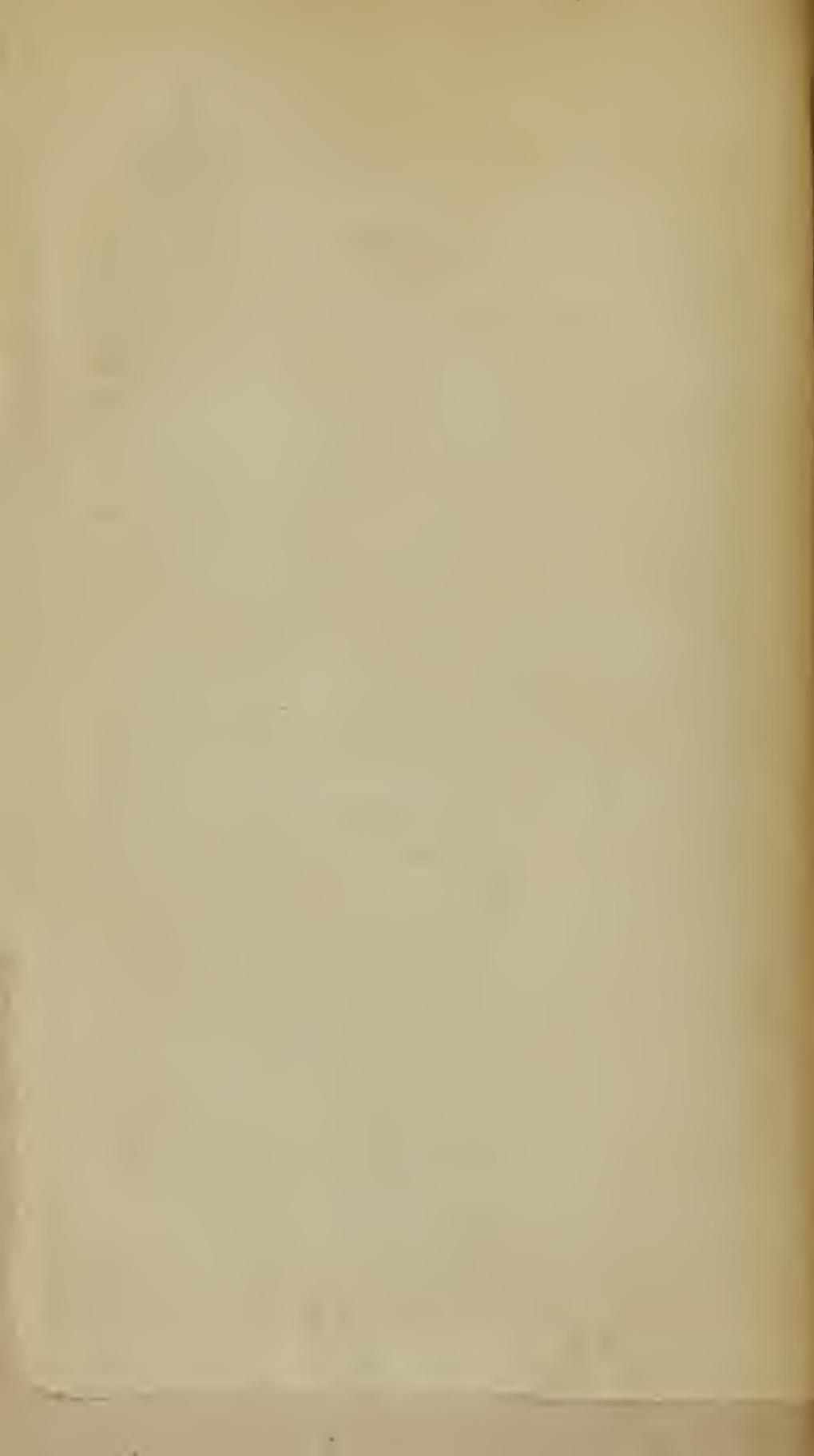
III. Causes which affect the functions. It is only on the organic functions that such causes act. Of two kinds; 1st. such as occasion an interruption, or derangement of the functions; 2d. such as excite

functions, or actions of a new and peculiar kind. Causes of the 1st. kind produce common, those of the 2d specific inflammation. It is by the operation of causes of the first kind we explain the production of many common inflammations. The disease not necessarily produced in the part primarily affected by the cause. What determines which part shall be affected? How do parts, not primarily acted upon, become affected? Do simple stimuli act as causes of inflammation?

Causes of 2d. kind, which excite specific inflammation, may be called specific stimuli. These, for the most part, induce inflammation, at least primarily, in the parts with which they come in contact. Specific stimuli are either from the vegetable, or from the animal kingdom; the latter are either healthy, or morbid productions. They have been called poisons. Those from vegetable kingdom produce effects less specific than those from animal. These substances will not, all of them, produce inflammation in every part of the body; but only in parts of particular textures.

How far may the term *specific* be extended in respect to inflammation? Taken in greatest latitude it may be applied to scrophulous inflammation.

Proximate cause. We shall not attempt to unravel mysteries; but shall endeavour to point out first what are the instruments, or organs, by which the processes of inflammation are performed;—second, what changes are wrought in the properties;—third, what changes in the organization, or structure;—



fourth, what changes in the functions of the parts affected.

As to first,—the instruments to be looked for among parts common. The phenomena of inflammation analogous in many respects to those of growth and secretion. Instruments the same. What these are. Confirmation. Instruments in ulceration. How far nerves have an agency.

As to second,—Mr. Hunter's opinion. What powers are affected, and how. Changed in degree and in kind. Whether these changes are essential.

As to third,—enlargement of vessels. Whether new vessels are formed. How the dilatation of vessels is produced. How the tumour is formed. Of the suppurating surface and of granulations. Of the extent and limits of the change in organization; to what they have relation.

As to fourth,—these have been necessarily referred to under the other heads. Recapitulated.

The striking analogy between inflammation, when the processes are perfect, and certain natural changes occurring in health. Of the relation of these processes to an object, or final cause. Why resolution cannot be produced in some cases.

How far the inquiry respecting the proximate cause is satisfied. Remarks on the common opinion respecting increased action. The indefinite and loose use of the terms.

Sixth. Description of the different species of inflammation. The exciting causes last discussed lead to this; but the course not long enough to permit a

full description of every species. The particular characteristics to be looked for in specific inflammations. Not all marked by characteristics of the same kind.

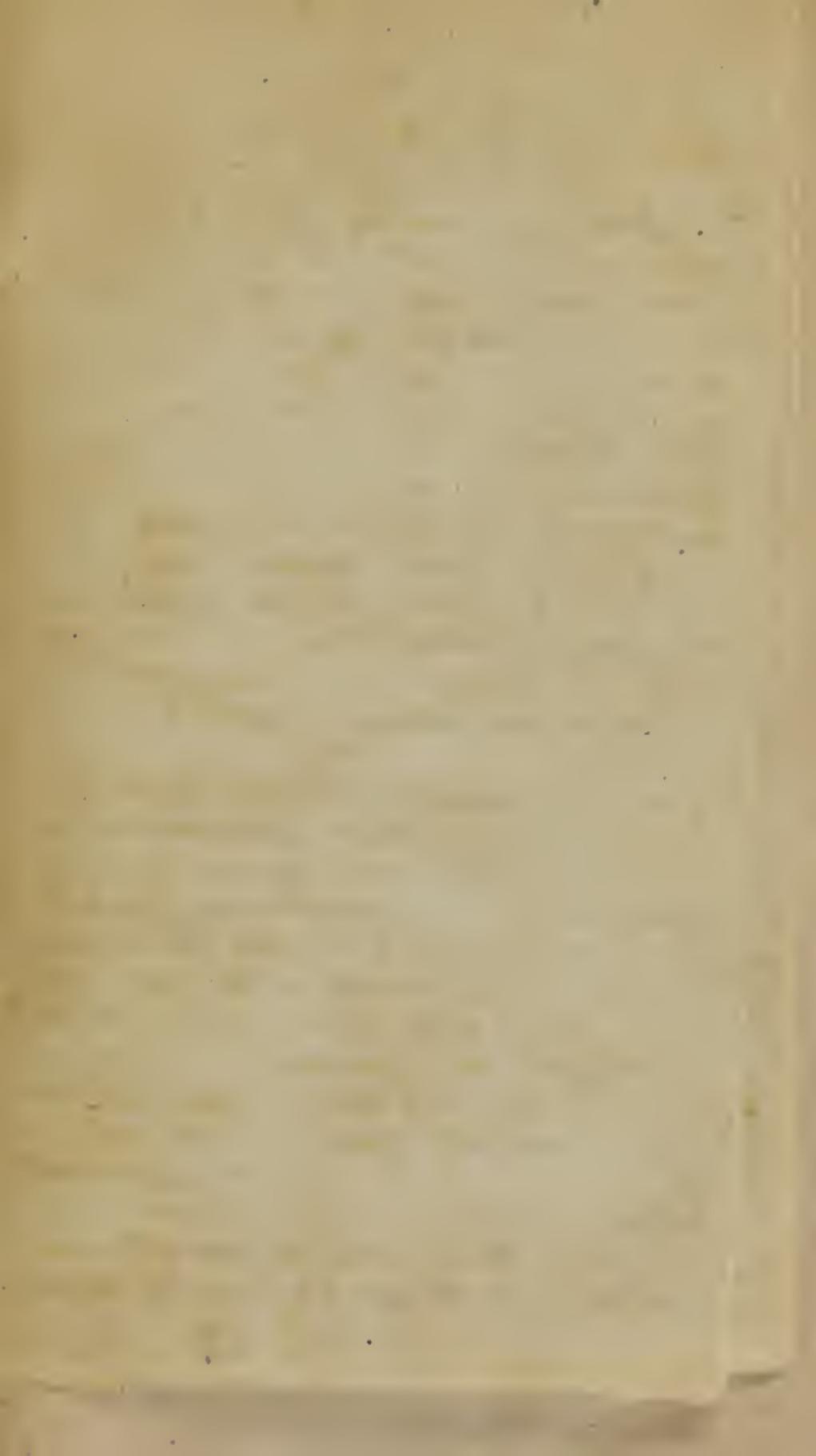
Of the *scrophulous inflammation*. Not produced by specific stimulus. Referable to peculiarity of constitution. Sometimes induced without any obvious exciting causes, sometimes by such. Supposed to affect particular parts at particular ages. Characteristics of a scrophulous constitution. These not always found in those, in whom this inflammation occurs. This constitution hereditary; but not always inherited. Parts especially liable to scrophula. The characteristics of this inflammation. The indications of cure. The treatment, so far as it is medical.

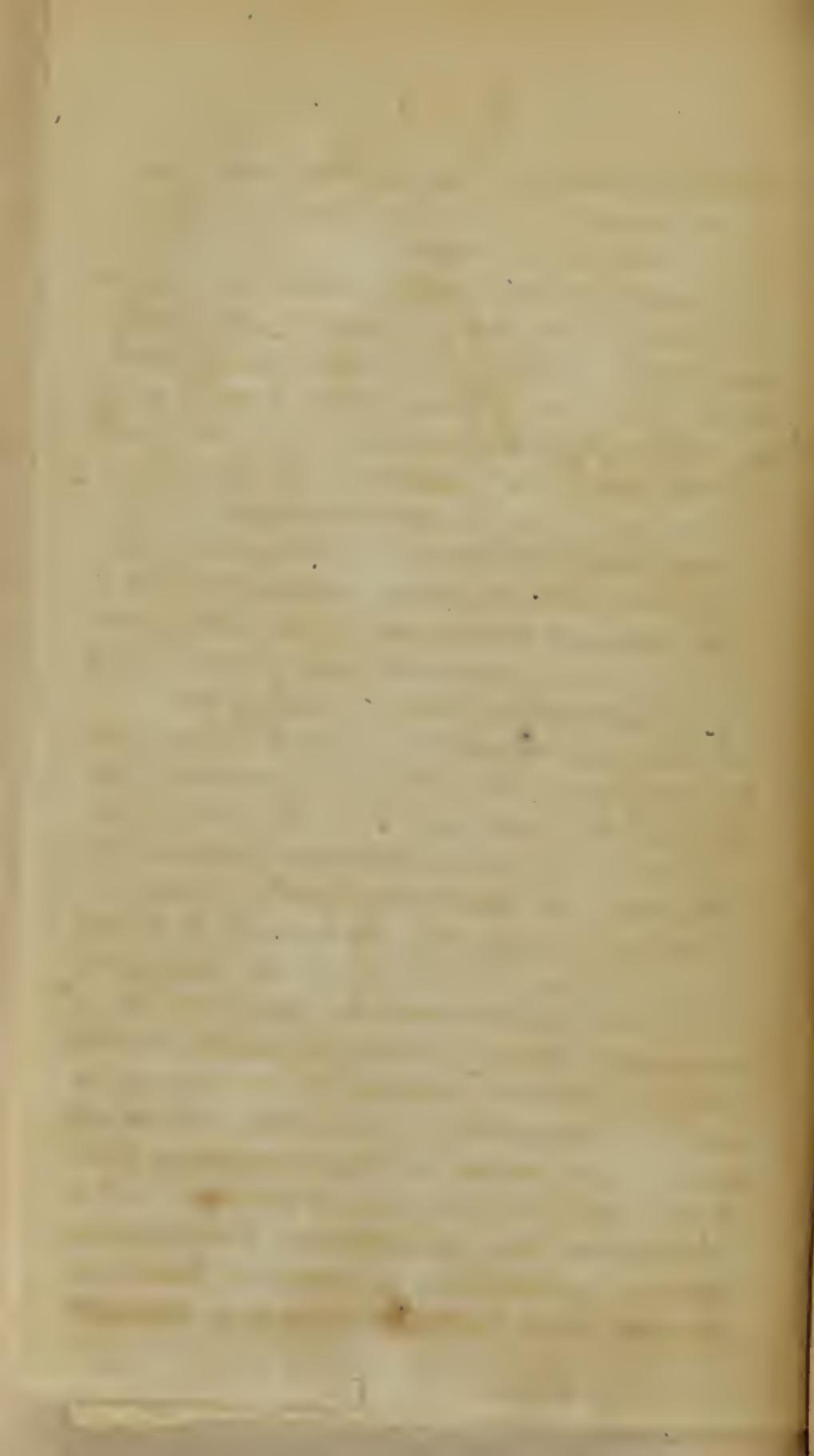
Rheumatic and arthritic inflammations to be considered hereafter.

Among the inflammations more decidedly specific the *vaccine* to be considered first, because so simple. This seen by us only when produced by design. Brief account of its introduction. Of the accidental inoculations among milkers. Of the artificial inoculation. Appearances at different stages and constitutional symptoms. Of spurious vesicles. Period for taking the virus. Treatment.

Variolous inflammation. Modes of production. Of the natural smallpox. Symptoms, in the system, on the skin, &c. Comparison with the vaccine disease. Prognosis. Indications. Treatment.

'The *inflammation of rubeola*. Modes of production; symptoms; treatment, &c.





The *inflammation of scarlatina.* Symptoms, &c.

Syphilis and some other diseases not to be considered at this time.

Seventh. The *constitutional affections* arising from inflammation. Not necessarily universal affections of the system. Under what circumstances inflammation is without such affections, and under what they do occur. These affections sympathetic. Various in degree and in kind, and apparently not proportioned to cause. First of those attending acute, then of those attending chronic inflammation. These constitutional affections often complicated with secondary affections of particular organs. They occur from other causes besides inflammation.

The constitutional affections attending acute inflammation may be considered as of two general descriptions; yet in fact these are often mixed. The first active, the second passive.

The active sympathetic affection. By what names it is known. All liable to objections. That of *general inflammation* preferred. Of sympathy extending from an inflamed part to large artery supplying it, to the arteries of the vicinity, and thus to the heart. Symptoms of general inflammation enumerated and described. Not constantly present, nor uniform in degree. The modes in which this general affection terminates;—sometimes in death, when the local affection itself would not be mortal.

The passive sympathetic affection. Perhaps better described, as an affection in which the powers are depressed. With what disease it has been confound-

ed, and by whom distinguished. Called "*symptoms of morbid irritation.*" Objections to the name. Remarks on the term *irritation*, showing how it has become nearly synonymous with morbid affection. On what occasions this affection takes place. The symptoms enumerated and described. Of *tetanus* as constituting a part of them. Various in degree. Sometimes directly fatal. Termination, like other sympathetic affections, depends mostly on the cause; —but sometimes by death.

Do these two species of general sympathy occur distinctly, so that every case belongs decidedly to one, or the other? They do not; the use of distinguishing them, notwithstanding.

Diagnosis. How far these affections are to be distinguished from fever. In what they resemble each other, and in what they differ. Although the resemblances are greater than the differences, yet the distinction is important in practice.

Prognosis. How far this depends on the circumstances of the local affection; how far on those of the general affection.

The constitutional affections attending chronic inflammation. Not uniform in character even in same case, varying according to local processes which are taking place. Many other sources of differences. At some times partaking more the character of the active, and at others that of the passive affections, which occur in acute inflammation. More particular description of the symptoms, distinguishing generally those most appropriate to diseases of particular or-



gans; including description of what has been called *hectic fever*. Termination. The whole affection modified by particular symptoms, arising from the interruption in the functions of the diseased organ.

In some instances the constitutional affection appears without any local disease. Whether in any case the local disease is actually wanting. Certain other causes which may produce the constitutional affection; causes of a moral, as well as of a physical nature. The evidence that local affections influence the system in some instances, before the local disease has become manifest. Internal organs may be much diseased without either increased sensibility, or pain; and even without any obvious derangement in their functions.

Eighth. The principles of treatment in cases of inflammation. In discussing particular inflammations the treatment to be considered more in detail; but certain general principles may be discussed now. Different objects to be effected in different cases, and these are to be kept distinctly in view. We may attempt to produce resolution; or to diminish the force and extent of the disease; or to enable the system to support and undergo it; or simply guard against causes which may increase, or interrupt it. Regard must be paid to the constitutional affection, if any such exist; and sometimes to this alone. The circumstances, under which these different objects respectively should be kept in view. The means of effecting each of them, most especially the first. In

considering these means the following subjects are discussed, viz.

The removal of the exciting causes ;

The removal, or diminution of irritating causes ;

Evacuations, the modes in which they operate in producing partial or entire resolution, the cases in which they are proper, the constitutions by which they are most easily borne, &c. ;

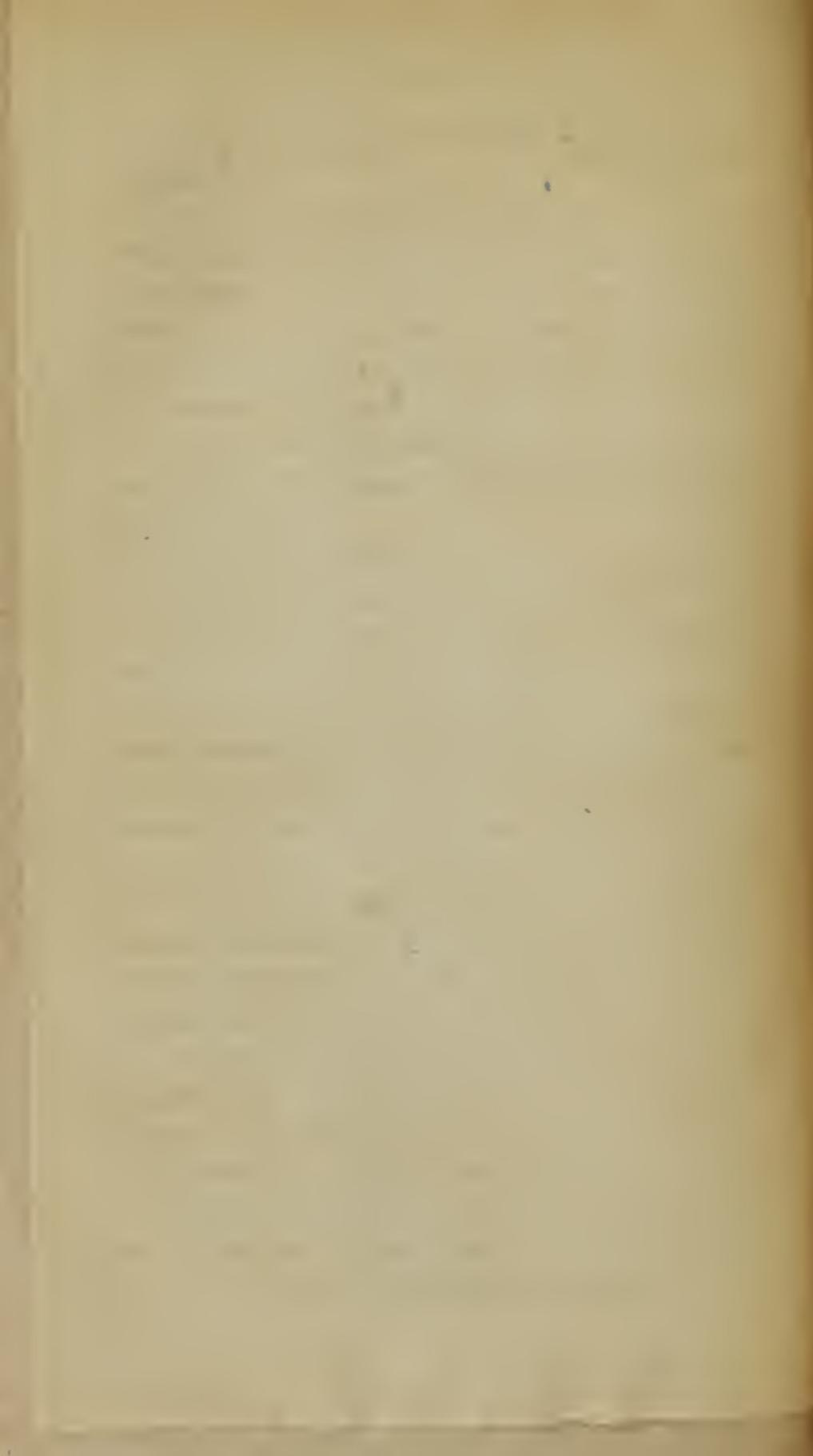
The mode of maintaining and restoring vigour, when too much impaired, without aggravating the disease ;

The mode of diminishing morbid irritability ;

The use of medicines called alteratives ;

The influence, which a regard to the constitutional affection should have on the treatment.

Having treated of inflammation in general we proceed to the *inflammatory diseases of particular parts*. Inflammation may occur in any part of the body, and that with all the variations described and in very different degrees. Except by having a general knowledge of the disease, the particular affections cannot be understood. Yet proper to consider many of those affections distinctly. Those will be described, with which from their importance, or from their frequency it is most necessary to be acquainted. Respecting each so much said as practically important. Generally look first for common symptoms of inflammation ; then for those arising from interruption in the functions of the part ; then for those from affection of organs related to the diseased part ; lastly for those from constitutional affection.



PHRENITIS.

Class I. Or. II. G. X. Cullen. His definition. Includes inflammation of brain and membranes; of encephalon. Rare with us. Subjects most liable. Common symptoms;—pain, its kind;—heat, how far it appears;—tumour and redness, evidence of them during life and after death. Symptoms in the functions of the parts, as regards the senses, the exercise of volition, the other intellectual functions;—the changes in these symptoms in the progress of the disease. Symptoms in organs related to diseased part. All parts so related, but some more intimately. Hence appearance of the countenance, convulsions, affection of stomach and abdominal viscera, of respiratory organs, &c. Constitutional affection.

Progress of the disease :—how various, arising from parts affected, from violence and from extent. Often slow and symptoms gradually developed. Terminations.

Appearances after death. Turgescence of vessels, effusion of lymph and of serum, induration, abscess.

Causes. The *remote*—such as common to inflammation;—such as peculiar to this. The *proximate*—already stated.

Diagnosis—between this and fever—between this and sympathetic affections. In some cases the order of the symptoms to be regarded, as well as the character of them.

Prognosis—unfavorable, when art does not relieve. Worse in proportion to advanced period of the dis-

ease when art is employed. The symptoms which may be considered as showing a fatal tendency.

Treatment. Indications. 1. To procure resolution—as directed under general head of inflammation. This a disease, where every thing to be sacrificed to that object, when taken early. 2. To promote removal of effused fluids; means considered.

CATARRHUS.

Etymology. Not commonly ranked among inflammatory diseases;—placed by Cullen among Profluvia. Why it should be among diseases from inflammation. Not ordinarily a severe disease, yet occasionally acquires importance.

Subjects most liable to it. Seasons and climates in which it prevails most.

Symptoms—local,—their succession. Extension of the disease from the part first affected,—the symptoms marking this. Termination. Constitutional symptoms.

The disease various in severity. In whom most severe, and in whom most protracted. The influenza, or catarrhal fever; how different from catarrh.

Chronic catarrh under Phthisis Pulmonalis.

Causes. Predisposition at certain seasons, &c.; in some persons constantly. Occasional causes.—Cold so frequently as to give a name to the disease.

Diagnosis. Liable to be confounded with inflammation of other parts when in the lungs. How distinguished.

Treatment. Generally not active. Occasionally is so. Early, produce resolution—in protracted cases to bring to termination. Important to prevent in persons very liable to it—the means.

CYNANCHE TONSILLARIS.

Of the name Cynanche in general;—applied to diseases very diverse from each other. Seat of cyn. tonsillaris. The kind of inflammation. Terminations. Sometimes extends. Diagnosis. Treatment,—mostly *expectante*; active in the early stage. It very often recurs in the same subject. Prevention.

CYNANCHE MALIGNA.

The distinction between this and the preceding. Its frequent connexion with *scarlatina*. The constitutional affection. Whether this be sympathetic. The occurrence of this as an epidemic. Of its contagion. Treatment—how far different when sporadic and when epidemic;—how far different in different epidemics.

CYNANCHE TRACHEALIS.

Its subjects. Its seat. Symptoms—different stages. Constitutional affection—in the early stage, in the second stage, in the last stage. These stages not always distinguished.

Appearances after death—in the larynx and trachea,—in the lungs.

Causes—remote, proximate. Diagnosis—between

this and the two last preceding diseases. Prognosis—in the several stages.

Treatment—indication, to produce resolution early, and later to diminish the force and extent of the inflammation. In last stage to promote expectoration. Means at the commencement—within the first or second day; in the last stage.

CYNANCHE LARYNGÆA.

Subjects. Seat of the disease. Diagnosis between this and the last. Appearances after death. Prognosis. Treatment.

CYNANCHE PAROTIDÆA.

Very different in character from the other species of cynanche. Seat of the disease. Symptoms. Translation of the disease.

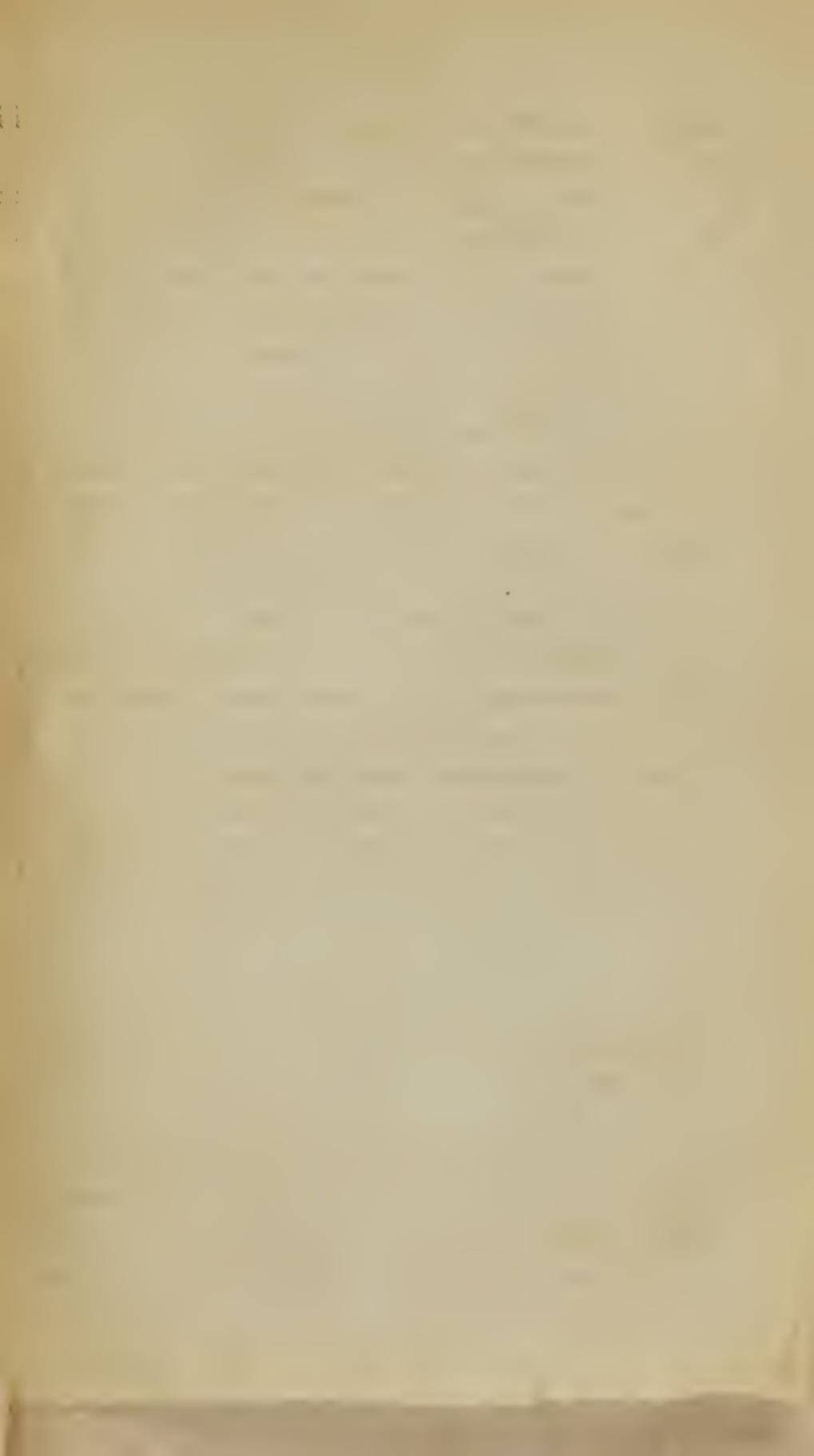
Causes. Remote—propagated by contagion. Proximate—specific inflammation. Whether the secondary affections be also specific, or only sympathetic?

Treatment. Expectante, except when testes, or brain are affected. Then active to produce resolution.

PNEUMONIA.

Inflammation of the contents of the thorax, both acute and chronic, very common in our climate. First of the acute. At what seasons it occurs.

Symptoms, when lungs alone inflamed. Local—of the pain, heat, tumour and redness,—the two former may be slight, the two latter not ascertained during life. The kind of pain. Difficulty in the



functions;—how affected by position. Cough and expectoration. Progress and change of symptoms. Examination by percussion. Constitutional symptoms—early, and in advanced period. Of fever in combination, preceding or accompanying the inflammation. Duration; and termination—1. by resolution, entire, or partial; 2. by expectoration from suppuration on mucous membrane; 3. by diarrhoea; this seldom entire, but often producing great mitigation; 4. by copious discharge of urine;—seldom, if ever entire; 5. by suppuration in substance, or cellular membrane of the lungs; 6. by carnification, or induration. This indeed not a termination, but a prolongation of adhesive stage. If not removed, this causes various chronic symptoms; 7. by gangrene. The three first modes the most common.

Death in early stage from interruption of functions, or from constitutional affection. Later, from injury of the organ and exhaustion of vital powers. This may happen at various periods after the commencement; and when late, the disease gets the name of phthisis pulmonalis.

Of the concealed pneumonia; local symptoms very slight, and constitutional symptoms indistinct until the suppurative period. Little sensibility of the lungs alone. Termination sometimes in death.

Appearances after death—partly anticipated in describing the disease. The state of the lungs when death takes place early—when late. The part of the lungs most frequently affected.

Of this disease *in young children*. The symptoms—distinguished from catarrhal affections. Sometimes produced by inflammation spreading from the mucous membrane. Frequently fatal. Rarely protracted. Termination.

Causes—Remote—derived from the climate and season in some measure. Proximate—pointed out in what has been stated.

Prognosis—most dangerous periods. What kind of constitutional affection is most favorable. Signs in the respiration, cough and expectoration—from percussion, and from pulse.

From state of animal powers and functions;—from tongue, skin, urine, &c.

Treatment. *Expectante* method very rarely, unless in advanced period. Active method, with various force according to subject and to symptoms. First indication—to promote resolution. Second, to moderate constitutional affection when violent. In healthy subjects these may be effected in the great majority of cases so far as to make the patient safe, if early in the disease. For this purpose vigorous measures often necessary, particularly evacuations. Blood-letting—what should determine its extent and repetition—in subjects of different ages, &c. Of vesication.—Of evacuation from alimentary canal.

Third indication,—to promote suppuration by mucous membrane and expectoration;—when to be attempted;—means of effecting it.

Treatment of severe and protracted cases. How far evacuations are proper ;—of tonics and cordials. Diet at the different periods of the disease.

PLEURITIS.

Does sometimes occur without inflammation of lungs. Often so slight as not to give pain, or not so much as to be remarked. Reasons for this opinion. Symptoms when severe—how distinguished from inflammation of lungs. Appearances after death. Treatment.

Of *empyema*, as a consequence of pleurisy. Symptoms. Treatment.

PERICARDITIS AND CARDITIS.

Rarely noticed in severe form and single. But combined with inflammation of lungs, both acute and chronic, not very rare. Symptoms and progress. Termination—in resolution, adhesion, serous effusion, or suppuration. Death early from general sympathy and embarrassment of the functions of the heart;—or late from effusion, &c. Prognosis not always unfavorable. Treatment.

PNEUMONIA NOTHA.

Variously applied. The suffocative catarrh of Morgagni (in seats and causes of diseases, epist. XIII. art. 4.) Here mucous membrane mostly affected, without any considerable increase of sensibility. The concealed, irregular inflammation of the lungs, and that which is hurried and violent, both called by this

name. Symptoms, appearances after death, &c. described. Importance of regarding as grave every disease in which there is either much derangement of organs of thorax, or slight derangement with disproportionate affection of system.—This, whether the affection of the system be active or passive.

Treatment. In which cases bleeding is proper, and in which to be omitted. Of vomiting and purging, of blisters, of stimulating expectorants, of tonics.

PHTHISIS PULMONALIS.

Consider chronic inflammation of lungs under this name. Cullen's definition. Good when the disease is formed; but it must be recognized at its rise to combat it. In late period it is very similar, but in early period varies. Of the actual changes in the lungs common to most cases in last period. Those species of the disease to be enumerated, which are most certainly recognized. Many other species described, but are rare, and not generally well marked. It follows common inflammation, or it arises from a peculiar disease, thought to be scrophulous, in which actual inflammation follows the organic changes. These changes existing, but the parts being destitute of inflammation, this supervenes from accident, and the disease is developed.

1. Common inflammation in cellular membrane. How this leads to phthisis in healthy constitutions. Disease protracted by accident, or bad treatment. Course of symptoms.

2. Common inflammation in mucous membrane. Protracted by accident, &c.; or by debility, especially in old age. Course of symptoms.

3. Protracted phthisis from fistula in lungs, continuing many years; constitution slightly affected at first, occasional access^s of inflammation, eventual wasting, &c.

4. Tuberles and scrophulous inflammation. Hereditary tendency, counteracted or favored by circumstances. Disease very slowly and gradually developed, and not recognized, until far advanced; or hastened by accident.

Of the form and characteristics of those most prone to this species of disease. Period of life at which it most commonly appears.

Symptoms. The first in chest, little noticed. Followed often by dyspepsia. Of the pains in chest, dyspnœa, mode of speaking, cough. Commencing emaciation, pulse, countenance, state of temper. Increase of symptoms and more full developement with hectic paroxysms; these irregular, severe for a time apparently from accident, then subsiding. Change in the pulse. Drowsiness at evening, imperfect sleep at night, difficulty of posture in bed, morning sweats. Changes which have now taken place in cough and expectoration. Of the matter expectorated in the morning, and in the course of the day. Increased dyspnœa, change in voice, palpitation. Duration of these symptoms. Thus far two stages or periods, the forming, the suppurating. Followed by the stage of general exhaustion, in which

very probably ulceration is constantly extending. General appearance in this stage from emaciation and debility. Entire failure of organic functions, occasional perfection of animal functions and brightness of intellectual faculties. State of temper, self deception, how long continued, and often suddenly abandoned. Maintenance of muscular power, how much influenced by treatment and habit. Expression of countenance in advanced stage of the consumptive, especially in those possessed of great sensibility and intelligence;—attempt to analyze this expression. The termination of the disease, sudden, slow, or greatly protracted. Of the aphthæ, colligative night sweats and diarrhœa, general œdema, occurrence and occasional removal of swelling in feet. Final exhaustion, fits of extreme dyspnœa, delirium and dissolution.

The two first stages differ according to the kind of phthisis and mode of production. The last differs in different cases, but not so much in reference to the kind and causes.

Occasional suspension of the disease by pregnancy and other causes. Frequent acceleration of its progress by medicine and other causes.

Hæmoptysis. Frequent occurrence in early and late stages. In some first symptom, but perhaps preceded by considerable internal changes, such as formation of tubercles, &c. The importance given to this symptom by Cullen in his nosology.

The opinions entertained respecting the kind of hemorrhage, or the source of the discharge. Of

the phenomena preceding and accompanying hæmoptysis. The quantity of blood discharged and repetitions,—how far this is important. The conclusions to be adopted.

Of different kinds of hæmoptysis. Of the frequent recurrence in some persons,—not inconsistent with the maintenance of health and long life.

Appearances after death. Externally—emaciation, excoriations, œdema. In the chest—tubercles,—their different sizes and stages. Adhesive inflammation uniting them in clusters. Vomicæ, in what part they are usually found to be largest. State of the blood-vessels. Adhesions of pleura. State of the heart and pericardium. In the abdomen,—appearances sometimes noticed in the peritoneum and intestines.

Causes. To a certain extent these are given in the history of the disease. Imperfect cure in cases of common inflammation will account for the three first species mentioned. The cure may be rendered imperfect from various causes. Parts lose the disposition to the restorative processes, vessels around habitually distended, and occasionally congestions take place.

In respect to the fourth species, in which, for the most part at least, tubercles are formed, the causes are to be looked for in an original disposition in the system, and in the formation of tubercles. It has never been ascertained that any particular cause produces the tubercles. When formed, their progress is influenced by many exciting causes; generally such as produce derangement in the ordinary functions.

The disease sometimes follows rheumatism both acute and chronic. In this case is the rheumatic inflammation transferred to the lungs, producing in them effects different from those in other structures?—or does the rheumatism serve only to occasion the inflammation of tubercles previously existing? Observations wanting on this point. Tubercles may probably remain without change through a long life.

Diagnosis. Pulmonary consumption is liable to be confounded with other diseases which occasion emaciation. The difficulty in the diagnosis is increased by this circumstance, that a cough arises from debility alone. The discrimination to be made, in difficult cases; principally by attending to the early history of the complaint. Source of deception even in so doing.

How far the different species may be distinguished from each other. This chiefly from the early history also; but aided by a consideration of the constitution and of the diseases in the family.

Prognosis. Universally known to be unfavorable. Yet it is not so without exceptions. In the first and second species described, particularly in the second, recoveries do take place when the disease has far advanced, and *often* when not very far. In the third the disease may continue very long without destroying life; but instances of this kind are too rare to permit the formation of positive opinions. In the fourth, when the disease is developed slowly from a constitutional tendency, the disease is not perhaps ever removed; but, when suddenly developed by accident, it may sometimes be arrested in an

early stage, and suspended for an uncertain period. Yet in one, who is evidently disposed to this species of the disease, its occurrence is not inevitable. In cases of hæmoptysis the prognosis depends on the degree of embarrassment in the functions of the lungs, on the effects produced in the general system, and on the evidence of previous disease in the lungs, or of tendency to disease in them.

Treatment. In the first and second species described we have to remove the distension of the vessels, to guard against occasional congestions, and to induce the restorative processes. These purposes effected in part by regulating the functions generally, by proper exercise in the open air, by diet and by promoting regular evacuations. They are further effected by overcoming the inflammatory disposition by general and local bleeding and by counter-irritation. They are effected by tonics, where the disease has had its origin in debility, or where it is prolonged by that cause. The disposition to the restorative processes is sometimes promoted by the use of those general stimulants, which have been called alternatives;—sometimes by sedatives.

In the third and fourth species, though very different from each other, we cannot by any known means remove the essential obstacles. In both however much may be done by preventing the occasional occurrence of inflammation around the diseased parts. This is done by guarding against the causes of the inflammation, and by diminishing the susceptibility of the system to the action of those causes.

In cases of hæmoptysis the treatment must have reference to the other symptoms. If in an early stage, we adopt active measures to prevent the occurrence of inflammation. This subject better explained in discussing hemorrhages generally. If in a later stage, we guard only against temporary evils. This by articles which have been called astringents and refrigerants.

In most cases medical aid is not employed in season to effect a cure; in such cases palliatives should be used to lessen suffering and to prolong life. The remedies which will serve these purposes are various, and must be accommodated to symptoms and to the peculiarities of the constitution.

INFLAMMATION IN THE MUCOUS MEMBRANE OF THE STOMACH AND INTESTINAL CANAL.

Certain general considerations apply to this subject. The symptoms from occasional irritation and from inflammation very similar; exemplified in affections of the tunica conjunctiva. Review of the functions of the stomach, &c. and consideration of circumstances influencing those functions. Increased stimulus, the irritability being the same, or common stimuli, the irritability being increased, produce similar effects. Inflammation increases the irritability. Symptoms vary according to the seat of the inflammation, its extent, and its character, and according to the constitution of the patient and the particular state of that constitution at the time. The parts when in-

Hamed are less able, than when irritated only, to perform the actions to which they are excited and which they attempt. Hence the fecal contents wholly, or partly retained in many instances, in which the secretions are discharged abundantly.

These considerations serve to explain many of the summer and autumnal diseases. Many varieties; but they pass, mostly, under the names of *cholera morbus*, *colica*, *diarrhœa* and *dysenteria*. In young children under one other name, viz. *cholera infantum*. Each to be described; but it is to be noted that there are many intermediate gradations.

CHOLERA MORBUS.

Sudden, violent and short. Seat of pain. Vomiting of bile, &c. Origin of the name. Affection of system. Duration. Termination,—sometimes in health after a short period; at other times in diarrhoea; and not very rarely, in warm climates, in death.

Appearances after death. Causes. Prognosis.

Treatment. Certain indications to be regarded in this and colic, &c. but not equally in each, nor in the same order always. 1. To remove irritating substances from the canal. 2. To lessen sensibility and irritability. 3. To remove inflammation. 4. To restore the tone of the organs.

Methods of fulfilling these indications generally, and particularly in *cholera morbus*.

COLICA.

Symptoms few and simple. Pain, its seat, degree and character. How the functions of the canal are affected. Affection of the system.

Causes. Occurs with and without inflammation. The summer colic certainly allied to cholera morbus, &c. Is there an affection of muscular coat? The predisposition produced by the season, so that slight occasional causes will induce it. Changes of weather, indigestion, fatigue.

Frequent and habitual colic from organic diseases in alimentary canal, or in parts connected with it. Occasional congestion and irritation in the canal. How far there is proper spasm.

Treatment—deduced from considerations before stated. How far the same applies in habitual colic. The organic disease to be removed.

DIARRHÆ.

Symptoms. Variously graduated. The discharges differing in kind, and hence inferences to be drawn. The disease sometimes chronic.

Causes. The general remarks on affections of alimentary canal apply particularly to this disease. Inflammation in some cases. How distinguished. Chronic diarrhoea often arises from organic affections, and from indigestion.

Treatment—founded on principles already discussed. Methods detailed.



DYSENTERIA.

This disease acute and chronic, simple and complicated with others, various in degree. In slight cases the system not disturbed, in others greatly disturbed.

Symptoms,—duration,—terminations. Appearances after death;—those essential to the disease in the mucous membrane of large intestines. Those in the chronic species. Of the absence of these appearances.

Treatment. On principles already stated. How applied to this disease. Methods detailed. Of the tendency to relapse, the causes of it, and means of preventing it.

On the various affections of teething children passing under the names of *diarrhoea* and *cholera infantum*. These derive peculiarities of character from the frequent irritation of the gums, and from the disposition to inflammation during the period of dentition; and from the use of food, to which the digestive powers at that period are not adapted. The season of the year has a manifest influence.

The principles already stated applied to these affections. Methods of treatment detailed.

PERITONITIS.

Subjects in whom it is most common, and seasons.

Symptoms. Pain varying in extent, its character, how affected by pressure, by coughing, &c. Effects on stomach and other abdominal viscera. Effects on

system. Progress of symptoms, signs of suppuration, exhaustion and death. Symptoms in more favorable cases. Sometimes chronic, and produces various effects on the neighbouring parts and on system.

Appearances after death. Such as are common to inflammation in serous membranes. Adhesion, suppuration, serous effusion, ulceration and sphacelus. The parts most commonly affected.

Causes. All which are known may be deduced from principles discussed under inflammation in general, &c.

Diagnosis. This not very easy, as may be inferred from frequent errors. Confounded particularly with colic, when acute. The chronic species often overlooked, the symptoms being referred to debility, or some other cause. Signs by which to distinguish this disease. They may fail in certain cases of violent inflammation of mucous membrane in bowels; but the error then unimportant as regards treatment.

Prognosis. Unfavorable in the acute species, when unassisted. At an early period it may be controlled by art. The unfavorable signs are the marks of suppuration, great difficulty in respiration, and appearances of sinking in the general system.

Treatment. The great object is to produce resolution. Remedies applicable in this disease. Those adapted to the chronic species.

The inflammation of various other parts will be considered in the course, but there would not be any advantage in referring to them in the syllabus.

RHEUMATISMUS.

Under this name great variety of affections, What is common to them all. Etymology of the term, and theory on which it was founded. The disease distinguished as acute, or chronic; and names appropriated to the affection of different parts. It is general, or local. First of that which is acute and general.

Subjects,—sanguine and choleric more than others. *Seasons*, the damp and cold, and the changeable.

Symptoms. Distinguished as local, or belonging to the system. The local first in order. The common seat of them. They are those of inflammation in the formative and adhesive stages, particularly the former. Of the pain, its kinds and degrees. Consequent embarrassment in motion. Of the tumor, the heat and the redness. Neither of these essential. Suppurative and ulcerative processes do not ensue. Explanation of the cases in which they have been supposed to do so. The frequent *metastasis*, or change in the seat of the affection. Of the parts occasionally affected in this disease; the eyes in their various parts, the heart, &c. The affection of the heart sometimes truly rheumatic, sometimes more resembling common inflammation. Inflammation of lungs also. Conversion to dysentery, or metastasis to mucous membrane of large intestines, and vice versa. Suddenness in the attack and in the subsidence. Tumefaction remaining in some cases after the disease;—in some cases permanent. Tendency to recurrence.

Constitutional symptoms. In most cases those of general inflammation, at least until the disease has continued for a considerable period. But occasionally those of *morbid irritation*. In cases much protracted something like *hectic fever*. The constitutional affection commonly supervenes upon the local; —often after two, or three days, or more. Sometimes the former is simultaneous with the latter; occasionally it precedes. Influence exercised by the chylopoietic system in this disease.

Duration of the disease. Local affections often remain after the constitutional affection and the general tendency to the disease have subsided.

Appearances after death. Few observations recorded; opportunities rare. A case by Morgagni.

Causes. Predisposition sometimes hereditary. Most common in persons of a certain constitution. Produced by habits of living.

Occasional causes. Cold and moisture the most frequent. Irregularities in diet and regimen.

Proximate cause. A species of inflammation. The seat of the disease supposed by some to be in muscles, by others in fascia, &c. Evidently not confined to parts of any one texture; though mostly about muscles, or membranous parts connected with them, and about ligaments.

Diagnosis. Liable to be confounded with common inflammation and with fever. How distinguished. In the earliest period cannot always be distinguished from common inflammation.



Prognosis. Rarely fatal; but long and tedious, unless early remedies be employed. False appearances of amendment. Effects to be expected on the system and on particular parts. Favorable and unfavorable signs.

Treatment. The diathesis to be overcome. In early period this by relief of urgent symptoms; in later periods the relief of symptoms cannot always be effected without injury, and we must inquire whether experience supplies any remedy.

Of evacuations;—how far and when useful. Bloodletting. Sydenham's practice. Fordyce's objection to bleeding. Vomiting and purging. Alimentary canal to be kept free from irritation and tone to be preserved. For this purpose, in certain cases, considerable evacuations required. Sweating. How far the history of the disease would authorize a reliance on this remedy. Of the benefits attributed to it. How far they may be attributed to some other effects of the remedies. Rules for the use of these remedies.

Of the treatment at an advanced period of the disease. Of evacuations. Opium and ipecacuanha. Guiacum, mezereon, &c. Cinchona—Haygarth's reports. Digitalis and other narcotics. Friction, bathing and vesication. Mercurials.

In protracted cases, where the strength is much prostrated—attention to diet and regimen. Tonics.

Means of prevention for those much subject to the disease.

Second, of *chronic rheumatism*. Symptoms. Sometimes a consequence of the acute species; but not in all cases. Distinguished from the acute. Treatment.

Of occasional rheumatic pains which may be called acute, yet entirely local. Treatment.

ARTHRITIS.

ETYMOLOGY of the term. Limited use of it at the present day.

Subjects. Children of those who have been affected with the disease. The luxurious,—but not exclusively. Among the luxurious those of a certain description more than others. Males more than females. At what age.

Symptoms. The disease not constant in ordinary cases; nor ever, if distinguished from its consequences. But for the most part continues through life, occurring at certain seasons in *fits*. Description of a fit, or paroxysm. Local symptoms, constitutional affection. Duration. Difference between early and later paroxysms. Effects of frequent recurrence —on the limbs—on the constitution.

Of irregular gout,—the atonic, retrocedent and misplaced. Of the opinions which have prevailed on this subject. Statement of the facts.

Causes. Remote causes to be inferred from statement made in respect to the subjects. Irregularities of various kinds act as occasional causes.



Proximate cause not so well ascertained. The language used in respect to this disease is derived from the humoral pathology. Is there evidence of a morbid matter? Is it to be called a specific inflammation? Mr. Hunter's opinion that it is a constitutional act. There is not merely a specific local affection.

Diagnosis. Distinguished from sprains and other accidental injuries;—and from rheumatism. Occasional difficulty in making this last distinction.

Prognosis. Regular gout not fatal, but exhausting. Irregularities increase the danger. Apoplexy, palsy, &c. often terminate life in the gouty.

Treatment. Great apprehensions among most men as to active treatment during the paroxysm. The foundation of these apprehensions. More just after frequent returns of disease than at first. Of remedies which may be employed during paroxysm to lessen its violence,—and to shorten its duration. Of the *ean medicinale d' Huffon*, and its substitutes.

Treatment in irregular gout;—where the stomach is affected; where the head, or the breast is affected.

In the intervals, how to lessen the frequency and moderate the violence of paroxysms. Impropriety of uniform rules in respect to the diet and regimen. Constitution to be consulted.

NODOSITAS ARTICULORUM.

A disease first distinguished by Dr. Haygarth. General resemblance to gout and to chronic rheumatism. Rare in its occurrence.

Subjects. Women more than men,—and at a certain period of life.

Symptoms. Their seat. Tumefaction, manner of its formation, and its duration. What constitutes the nodes. Pain, its characteristics. Progress of the disease.

Causes. Not well ascertained. The remote causes which have been suspected. Proximate cause—may perhaps be said to be an inflammatory process of a peculiar kind.

Diagnosis,—in respect to gout;—in respect to rheumatism.

Treatment. A new subject. Probably medicine cannot avail much. Of the remedies which were tried by Haygarth and their effects; such as guacum, mezereon, &c.; cinchona, antimonials, mercurials, baths of various kinds, leeches. Bardsley's experience.

ERYSIPelas.

The distinction made between Erysipelas and Erythema. The local affection only to be considered. The connection with an affection of the system rather accidental, than essential.

Symptoms. Inflammation of skin; the formative process only essential. Its propagation from part to part. The constitutional affection.

Causes. Various substances applied to skin act as remote causes. These mostly or entirely of animal or vegetable origin. Substances received into the

stomach also produce it. The disposition in certain persons very great. Of what description they are. Of contagion.

Proximate cause, the same in kind as that of other inflammations, but modified.

Treatment. Of evacuations. Of cinchona. Of local applications. Of the danger apprehended from repulsion, where the face and head are affected especially. How far experience warrants such apprehensions.

HEMORRHAGIÆ.

GENERAL definition. Four modes of occurrence commonly enumerated ;—these called *rexis*, *diabrosis*, *diapedesis* and *anastomosis*.

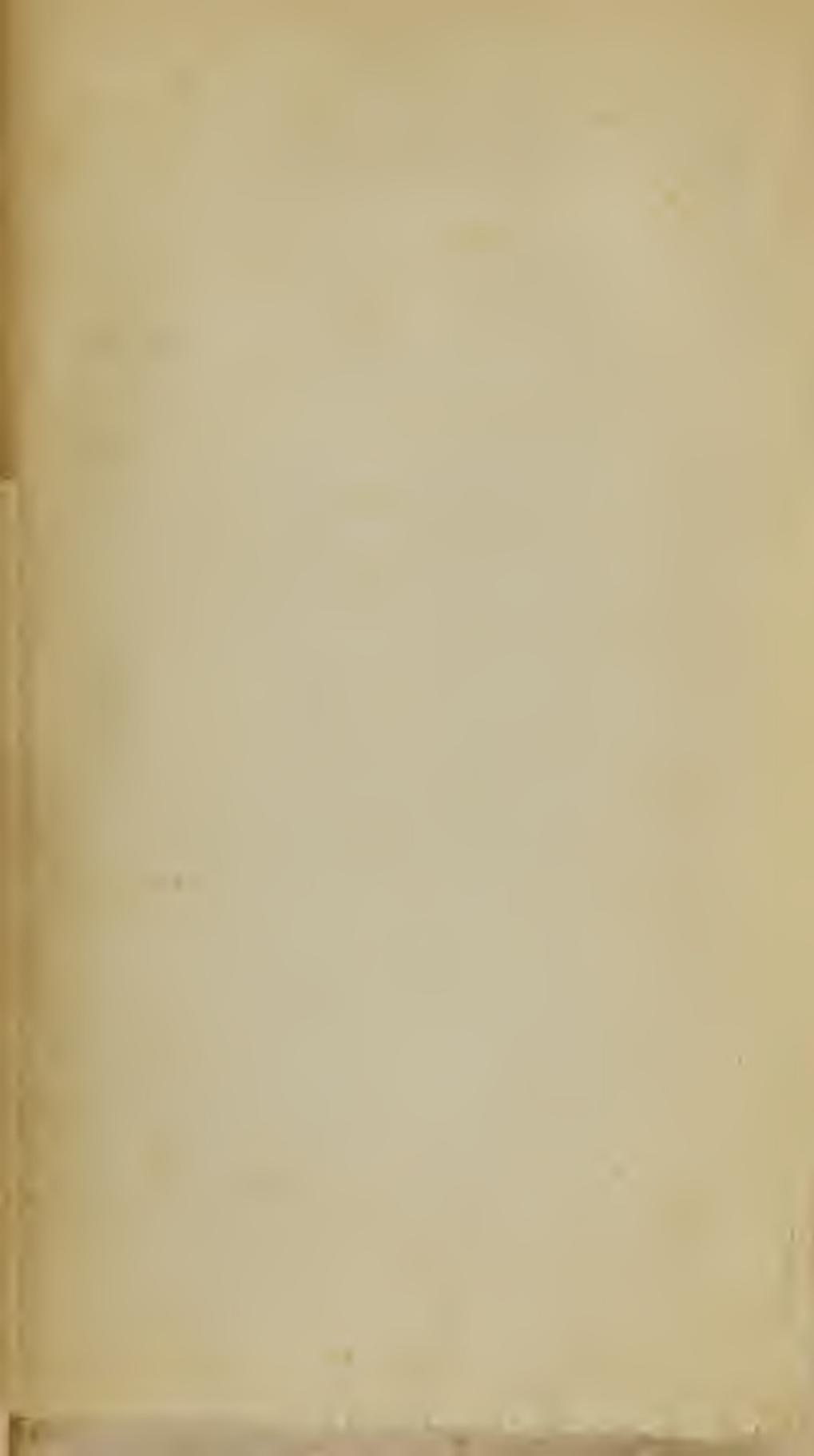
1. *Rexis*,—by mechanical violence. Belongs to surgery.

2. *Diabrosis*,—by rupture in the coats of the blood-vessels. This very rare in large vessels, unless ulceration, or some change of structure has preceded ; yet occasionally from violent contraction of the heart. The heart itself may be ruptured. Symptoms attending hemorrhage of this kind.

Of ulceration extending from other parts to the blood-vessels. Why hemorrhage does not ensue.

3. *Diapedesis*,—transfudation through the coats of the vessels. Such transfudation often noticed after death ;—why it does not occur constantly during life. Instances in which it has been noticed during life ;—from vessels of what order, and under what circumstances. Can this kind of hemorrhage be distinguished, if from internal parts.

4. *Anastomosis*,—from the orifices of the extreme vessels. The causes which prevent such an occurrence in the healthy state. By what changes in the parts does it take place in disease ? By a relaxation of the vessels ? In consequence of increased impetus ? Or in consequence of an active dilatation of the vessels ? Reasons for attributing the most important spontaneous hemorrhages to this cause.



Of the distinction of spontaneous hemorrhages into *active* and *passive*. The symptoms by which they are supposed to be distinguished. How far the distinction is well grounded.

Of the causes which prevent the discharge of blood from the extreme vessels in health. How are they made to do so under disease? To answer this inquiry, first attend to symptoms and appearances after death.

Frequently precursory symptoms,—such as denote turgescence of vessels. Pain, tension, pulsation, interruption of functions. During hemorrhage these subside, if it be considerable. Precursory symptoms sometimes wanting. But very often inflammation ensues. Appearances after death;—difficulty in ascertaining the state of the parts.

All evince an unusual determination of blood to the part. Of the immediate causes of this determination. How the explanation accords with the occasional absence of precursory symptoms; and with the connection of inflammation with hemorrhage, in certain cases.

Further explanations and arguments in favor of the opinion advanced. The frequent recurrence of hemorrhage in vicinity of parts affected with chronic inflammation.

Of passive hemorrhages. Rare. Considerations in respect to them.

Of the parts most subject to hemorrhage. Of the persons most liable to them. The parts most liable

to be affected at the different periods of life respectively. The seasons in which they are most common.

Remote causes of hemorrhage. The circumstances under which it is beneficial, and the contrary.

Treatment. General considerations only. Reference must be had to the part affected, to the force of symptoms and to the consequences to be apprehended, in determining whether to adopt an active course.

How far it is important to prevent the loss of blood. Most so, when frequently repeated.

The immediate danger not so great as that from ensuing inflammation, when important organs are concerned. To avert this danger the hemorrhage may even be promoted.

Means of promoting the hemorrhage. Means of arresting it. Very similar to those employed in inflammation. Remedies for passive hemorrhage.

Unnecessary to consider particular hemorrhages in this place.



PROFLUVIA.

GENERAL idea. Many diseases might be included if we regard symptoms only. But in great majority of instances they are not idiopathic. Probably never so, excepting affections of a very momentary kind. Yet one disease, certainly, in respect to which we have not evidence that it is symptomatic. This is *diabetes*.

Remarks on the other profluvia which are considered by some as idiopathic, such as *ephidrosis*, *ptyalismus*, *diarrhoea*, &c. The reasons for hesitation in respect to *diabetes*.

DIABETES MELLITUS.

Subjects. Males more than females, those who sweat profusely, certain families, such as err in regimen and diet.

Symptoms. The urine,—its quantity, characteristics, analysis. Appetites, and state of chylopoietic organs, and functions. Skin,—emaciation. Pulse. Other symptoms often noticed. Their order and connection. Termination.

Appearances after death. None peculiar and constant. Those often noticed in mesenteric glands and kidneys.

Causes. Remote,—to be found in the history given. Proximate,—not ascertained. Of the different opinions. Whether in kidneys, in stomach, or in the other assimilating organs.

Diagnosis. Quantity and quality of urine. Assisted by state of skin, of mouth and of appetite.

Prognosis. Unfavorable without remedies. How far these can be relied upon.

Treatment. The different methods lately pursued by Rollo, Ferriar, Bardsley, and Watts.

ADYNA MIÆ.

GENERAL description. Various parts liable to loss, or considerable diminution of power. The affection very often secondary, but not always; at least not known to be so. It is not designed to treat of all the diseases which might be included under this head.

A diminution, or loss of power in the animal system may be attributed in a large proportion of cases to pressure on the brain, or its appendages. In some cases however, the loss of power would seem to be produced by the direct agency of external causes. In other cases it is sympathetic. To illustrate this subject a general view will be taken first of Sauvages' sixth class, *Debilitates*, and then of Cullen's second order in his second class, *Adynamiæ*.

The following are the *orders* in Sauvages' sixth class.

I. **DYSÆSTHÆSIÆ.** *Impotentia clarè ac distinctè sentiendi.*

II. **ANEPITHYMIÆ.** *Appetituum sensitivorum debilitas notabilis, vel suppressio insolita.*

III. **DYSINESIÆ.** *Impotentia motūs ac sèpè sensus in organis libertati subditis, ut linguâ, larynge, arteriis.*

IV. **LEIPOPSYCHIÆ.** *Motuum, viriumque vitalium debilitas.*

V. **COMATA.** *Sensus omnis, appetitus, motus liberis, phantasie, memoriæque feriationes, seu morbi soporosus.*

The following are the *genera* under *adynamia*, the second order in Cullen's second class.

SYNCOPE. *Motus cordis imminutus, vel aliquamdiu quiescens.*

DYSPEPSIA. *Anorexia, nausea, vomitus, inflatio, ructus, ruminatio, cardialgia, gastrodynbia, pauciora saltet vel plura horum simul concurrentia, plerumque cum alvo adstricta, et sine alio vel ventriculi ipsius, vel aliarum partium morbo.*

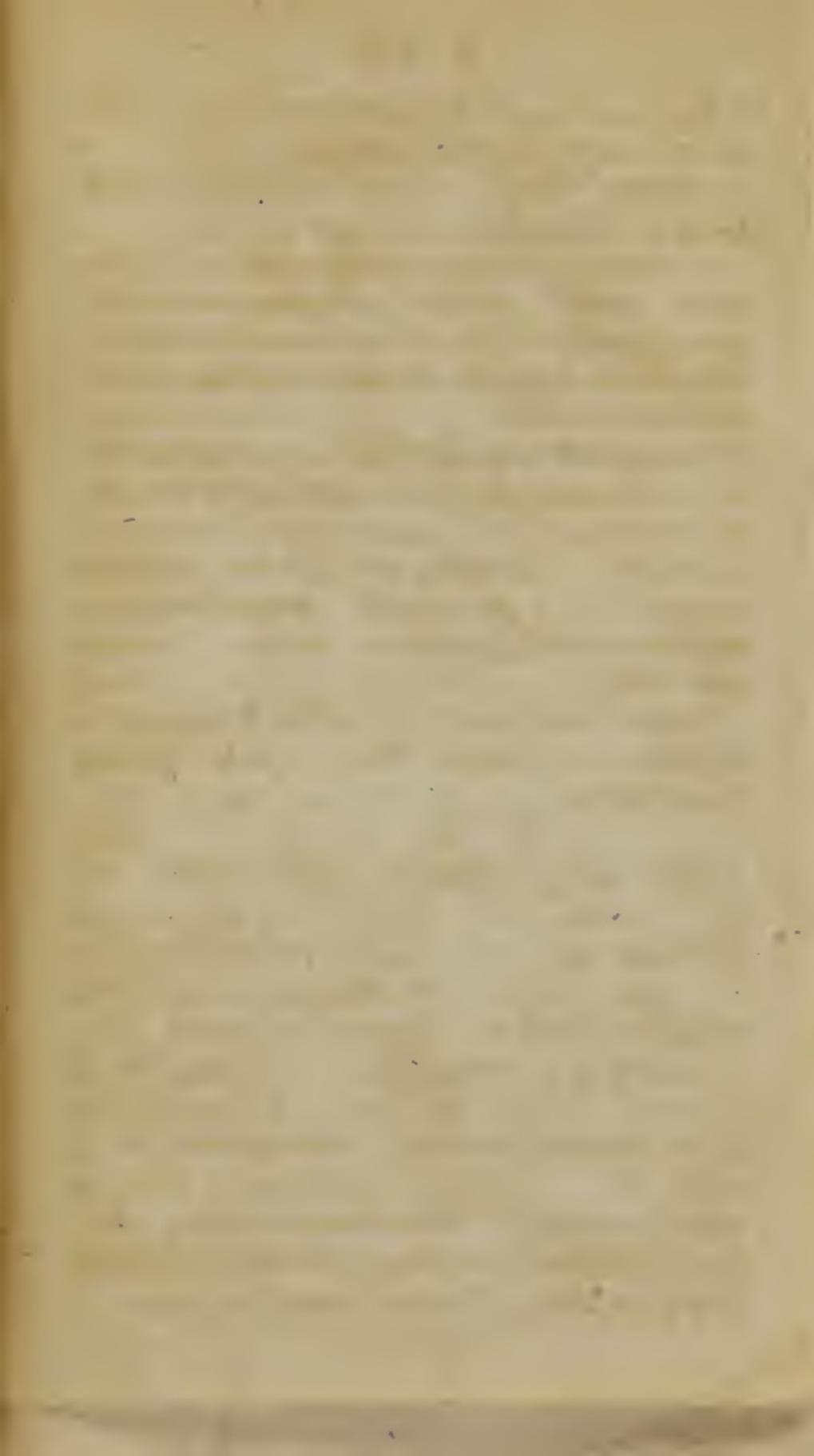
HYPochondriasis. *Dyspepsia cum languore, moestitia, et metu, ex causis non aequis, in temperamento melancholico.*

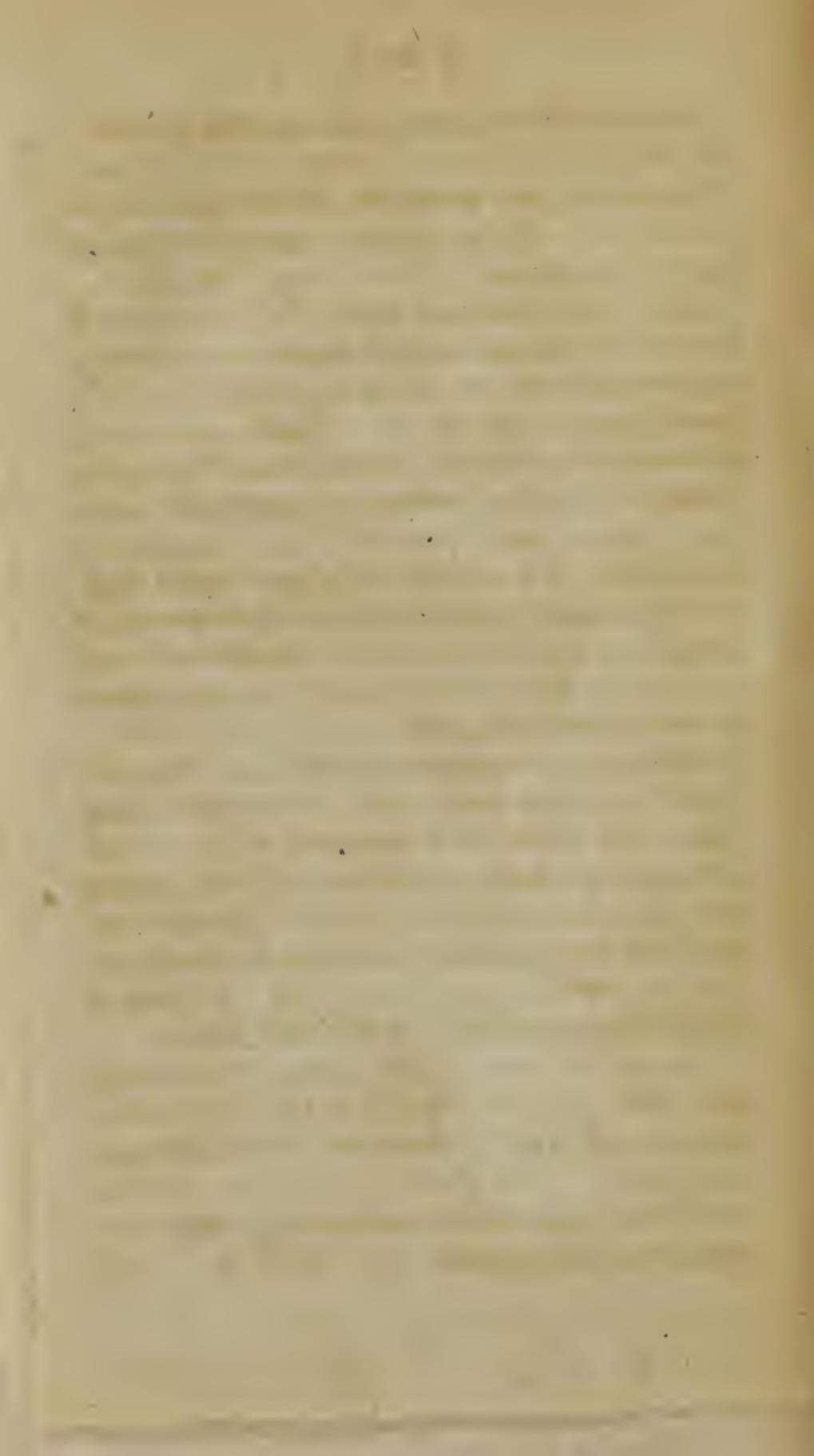
CHLOROSIS. *Dyspepsia, vel rei non esculentae desiderium; cutis pallor vel decoloratio; venæ minus plenæ; corporis tumor mollis; asthænia; palpitatio; menstruum retentio.*

Observations on each of these in respect to its character and treatment. Dyspepsia to be considered more fully.

DYSPEPSIA.

GENERAL idea. Relations of digestive organs, particularly of stomach, to the other parts of the system, and powerful influence on them. The disease may be in various degrees, may be acute or chronic, may be idiopathic or symptomatic. The importance of regarding it when symptomatic, especially in chronic diseases. Of the opinions of those, who regard this affection almost alone in chronic diseases. Evils and benefits thence resulting. Occasional indigestion, or acute dyspepsia briefly considered. Then of chronic dyspepsia.





Subjects. The indolent, luxurious and intemperate, &c..

Symptoms. May be divided into those which appertain to the alimentary canal, and those in other parts of the system.

First, in the alimentary canal. Of the appetite ; state of the tongue, mouth, fauces and pharynx ; eructations ; sense of oppression and of distension ; heart-burn ; distress at the stomach ; vomiting of food, of watery fluids, of mucus and of bile ; pain, flatulence, &c. in the bowels ; alvine discharges, their quantity, quality, &c.

Second, in other parts of the system. In the head, pain, &c. state of intellectual powers. In the organs of sensation and motion. In the thorax, fensations, respiration. In the heart and circulating system. In the skin and extremities.

This is an enumeration of symptoms. They do not all occur in every case. Variety from many causes. *First,* of cases where errors in diet operate as the principal cause, the powers of the stomach not being impaired except by them. *Second,* of cases where the principal remote causes are of other kinds. In truth causes of both descriptions co-operate in most cases, but generally not with equal force.

First, where errors in diet operate as the principal cause. These may be, 1st. in the use of articles of nutriment, or 2d. in the use of condiments, cordials, &c.

1st. In the articles of nutriment the error may be in quantity, or quality.

Effects of error in quantity considered ; both those which are immediate, and those which are remote. These effects shown in alimentary canal and other parts of the system.

Effects of error in quality. In this respect the same articles not equally injurious to all persons. The difference referable in part to different degrees of vigour in the stomach, in part to idiosyncracies and in part to habit. Comparison of the different articles of food commonly employed. Caution in respect to circumstances to be noticed in deciding on the qualities of different articles.

2d. Condiments, &c. considered as they act on the stomach chiefly, or wholly ; and as they act on the general system. Frequent causes both of temporary indigestion and of chronic dyspepsia.

Second, where the principal remote causes are not errors in diet. Chronic dyspepsia always arises from inability in the stomach to digest food. This may be produced by errors of diet, but also from other causes. 1st. From affections of the mind. 2d. From want of exercise. 3d. From labour too long continued, or too severe. Causes of each kind considered.

Proximate cause already stated, now more distinctly explained.

Prognosis. The degree of danger to life. The chance for perfect recovery. Circumstances which aggravate the difficulty and danger.

Treatment. The indications arranged under three heads. 1st. Those which relate to matters contain-



ed in and offending the stomach. 2d. Those which relate to the articles of diet to be employed. 3d. Those which relate to the state of the organ itself.

Under 1st. head, indications to evacuate the contents, to neutralize them. Modes of evacuation considered generally. The particular considerations requiring an emetic arranged under five divisions and minutely stated. On the modes of producing vomiting, choice of emetics, regard to idiosyncrasies. The considerations requiring purgatives ; such as relate to the stomach distinctly; such as relate to the intestinal canal.

Cases in which we can neutralize the offensive contents. Circumstances which should determine the choice of articles.

Under 2d. head the indications regard the quality of the food, its quantity, and the frequency and periods of taking it.

Under 3d. head the indications are to increase the tone, or vigour of the stomach, and to remove its morbid irritability. These to be effected by due attention to all the preceding indications ; also by tonic medicines administered to the stomach ; by applications to other parts of the body ; and by the careful regulation of all the functions of body and mind, which are the subject of controul. The means of fulfilling these indications discussed and considered.

DOLORES.

Pain a symptom in most diseases, and by difference in kind and degree often helps to distinguish them. Probably it is always symptomatic ; yet we meet cases, not very rarely, in which it is difficult to refer the symptom to its cause. Two diseases, which are well marked, in which we have not any evidence of inflammation or of other cause, and in which the pain is excessive, viz. : *neuralgia* and *hemicrania intermittens*.

NEURALGIA.

Subjects. Of what age and sex mostly.

Symptoms. The kind of pain, its seat, its extension, occasions of its occurrence, its degree. Effects on the general system. Its origin and termination.

Causes. How little is known except as to the organs directly affected and the pain itself. Of irritating causes discovered in some instances. Whether the nerves are in a state of chronic inflammation ?

Progress. On the chance of spontaneous amendment. On that of artificial relief.

Treatment. Indications—from the pain ;—from its possible cause. Remedies which have been used. Narcotics, metallic stimulants and alteratives, division of the nerves.

HEMICRANIA INTERMITTENS.

Symptoms. The seat of pain, its character and degree, its periodical recurrence. By what circum-



stances it is preceded. Effects on the system. Duration.

Causes. The probability that it is symptomatic. How far similar to intermittent fever. From this similarity called *Cephalæa febricosa*.

Diagnosis. Distinguished from common hemicrania and from neuralgia.

Prognosis. Derived from the history given. On the relief to be promised from medicine.

Treatment. Founded on the resemblance to intermittent fever. Of Cinchona, arsenical preparation, opium. Inefficacy of remedies from which palliation at least might be expected.

A few remarks on **OTALGIA** and **ODONTALGIA**, with reference to their various causes, and to their cure.

SPASM.

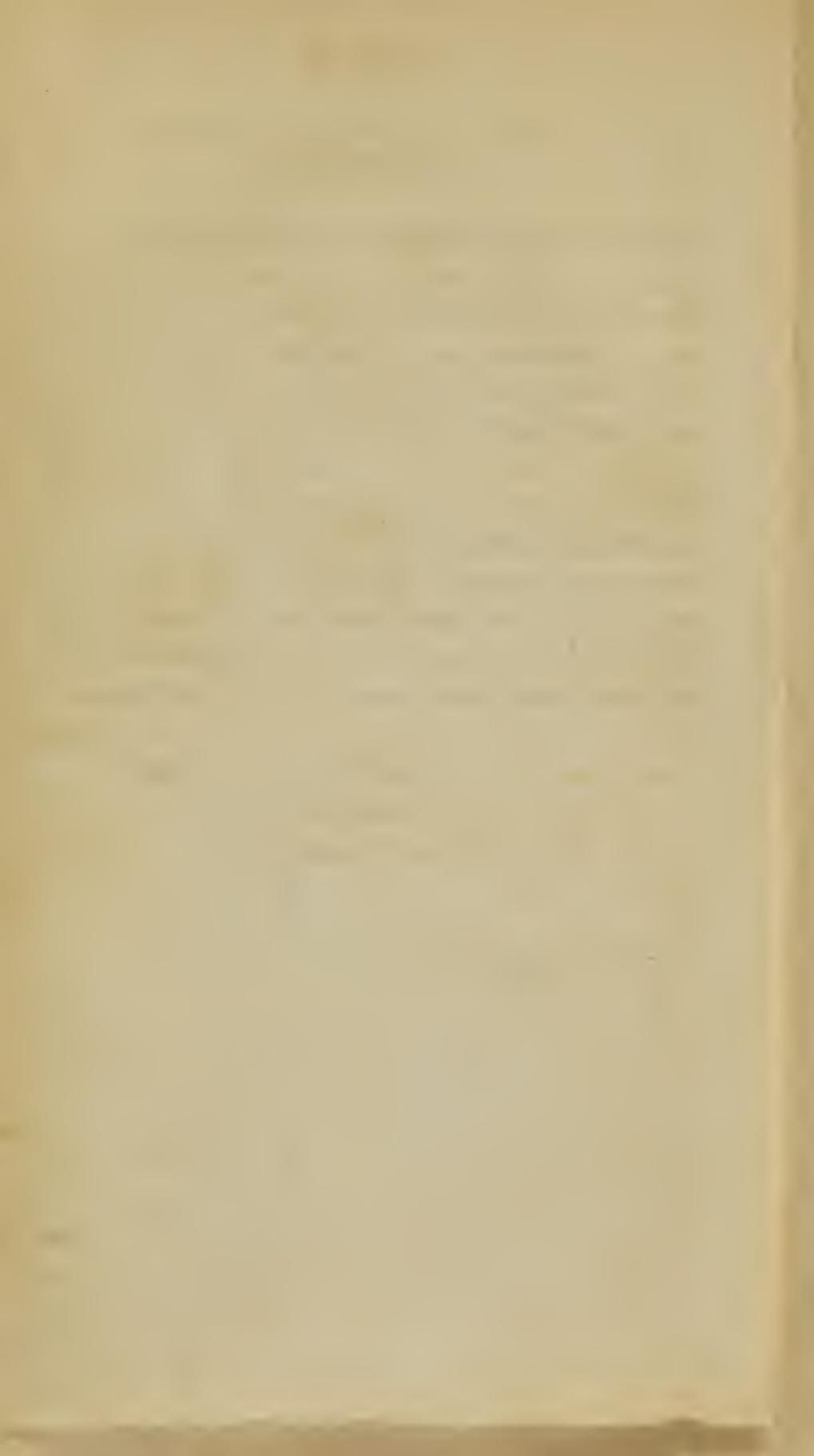
General idea. Proper seat of spasm. Inaccuracy in the use of the term.

Spasmodic diseases mostly secondary, perhaps always. Result from disease in, or pressure on the brain or its appendages ; or from sympathy. The distinction of tonic and clonic spasm. The following spasmodic affections, as distinguished by Sauvages, briefly considered, viz. : *Crampus, Trismus, Tetanus, Catochus, Convulsio, Tremor, Eclampsia, Epilepsia, Hysteria, Scelotyrbe*. As also the following, included under spasmodic diseases by Cullen, viz. : *Asthma, Pertussis, Colica pictonum*.

DYSOREXIA.

General idea. May arise from some inflammation or change of structure in the organs, which are the seat of appetite ; from an affection of the nerves belonging to those organs ; from an affection of other parts of the system with which those organs maintain vital relations ; perhaps from disease of the mind ; and perhaps from other causes. In most instances, if not in all, the dysorexia must be secondary, or symptomatic. Yet where the disease, to which it belongs, is not understood, it must in the present state of our knowledge be considered by itself. Under this head will be briefly considered the following diseases, included under the order of *dysorexia*, by Cullen, viz. : *Bulimia*, *Polydipsia*, *Pica*, *Satyriasis*, *Nymphomania*, *Anorexia*, *Adipsia*, *Anaphrodisia*.

Time cannot be afforded for any thing more than a very brief and general consideration of these diseases.



VESANIAE.

GENERAL description. Diseases of the mind evidently symptomatic in many cases. How far we are authorized to consider them idiopathic in any case. Of the ground on which we feel authorized to consider the vesaniæ as diseases of a distinct class. The distinctions not of the same kind which exist in respect to the other classes.

Difficulties in respect to the arrangement of the *vesaniæ*, as evinced by the contradictory opinions of nosologists. An arrangement adopted from considerations of convenience, not meaning to decide finally on this subject at present.

Two genera, viz. : *Delirium* and *Amentia*. Each defined.

Species of **DELIRIUM**.

Mania furibunda.

Mania mitis.

Melancholia.

Species of **AMENTIA**.

Fatuitas, in omnibus vel singulis facultatibus.

Symptoms of these different affections in their various stages ; and their termination.

Appearances after death. In what manner this subject has been investigated. Under what disadvantages for the elucidation of it. The sum of what has been learnt. The facts are worthy to be recorded, but as yet the inferences they afford are of the most general nature only.

Causes. How far the predisposition is hereditary. In the same family may be noticed various diseases referable to the affections of the brain. How far the predisposition may depend on the character of the mind.

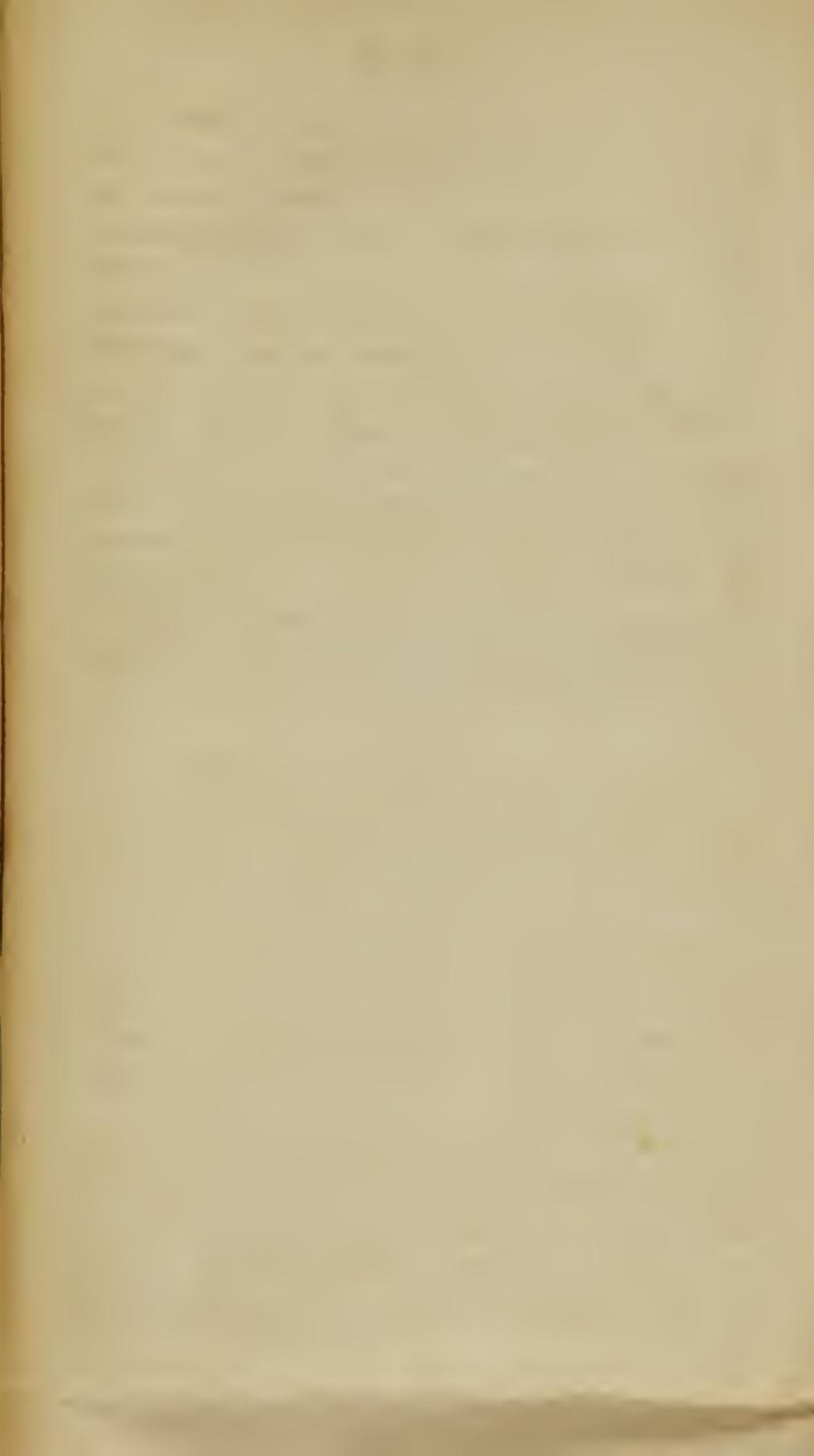
Exciting causes. Those which may be called moral. Consider the passions more than the intellect. How they operate. The same effects produced on the predisposed by physical causes. A description of these.

Proximate cause. If in most instances these diseases are secondary, or symptomatic, we must look to the primary disease. Can we find however any proximate cause for these diseases considered as primary? This question considered in respect to the different mental diseases which have been enumerated.

Diagnosis. In ordinary cases not difficult. At least this is true when the question is general; less so, if we would distinguish species and varieties with accuracy. The most important distinctions pointed out.

In certain cases the diagnosis difficult. Insanity may be simulated from interested motives. For legal purposes nice discrimination is sometimes necessary. General rules. Necessity for personal experience in some cases.

Prognosis. To be considered in respect to the different mental diseases. How much it must be founded on a knowledge of the causes. How far we may be guided by symptoms. The violence of symptoms not to be much relied upon.



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Treatment. This is both moral and physical. So as to other diseases in many instances ; but particularly so as to diseases of mind. On the importance of moral treatment both where the disease has originated in affections of the mind, and in many cases, where it has originated in affections of the body. This importance too much insisted upon by some authors. Physical treatment almost always necessary in some measure, although ineffectual alone.

The physical treatment must have reference to the cause where known. Where it is not, urgent symptoms to be relieved and the organic functions to be regulated.

Of bleeding, blistering, evacuations from the alimentary canal, alteratives, diuretics and tonics.

MORBI ORGANICI.

IMPROPRIETY of such a class of diseases. Considerations of convenience led to its admission as well as to that of the two remaining classes. General description of the diseases which might be included under this head.

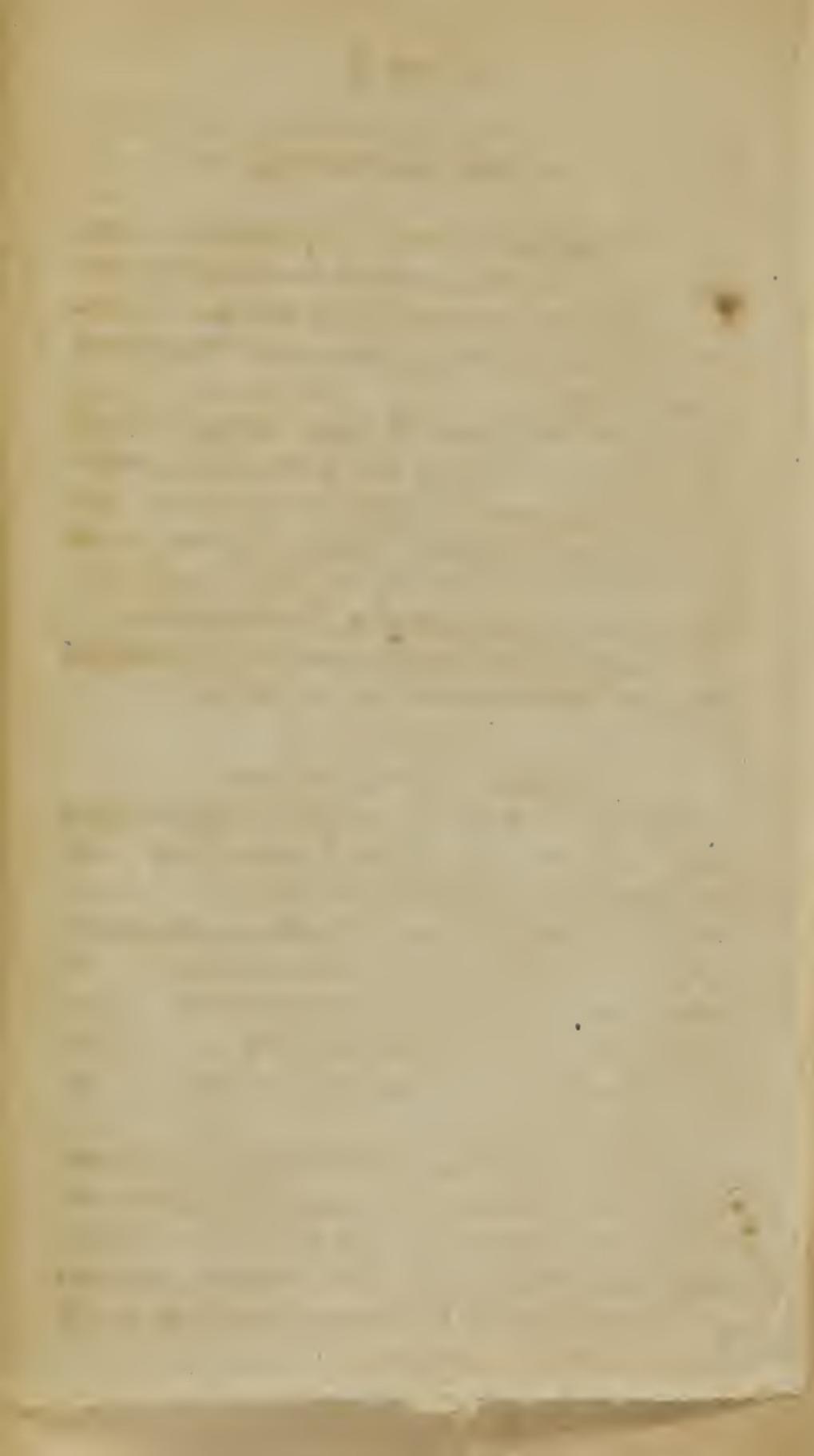
Brief remarks on organic diseases of the brain, of the lungs and air-passages, and of the œsophagus and rectum. Organic diseases of the heart and large blood-vessels, of the stomach, of the liver and its appendages, of the pancreas, of the spleen and of the mesenteric glands considered more particularly.

In the present syllabus organic diseases of the heart and large vessels only, will be referred to.

MORBI CORDIS ORGANICI.

General considerations in respect to the functions of the heart, the causes ordinarily influencing them, and the diseases of that organ induced by those causes acting with unusual power. Of inflammation, which may affect the heart, &c. as well as other parts. Of inflammation in different parts of the organ ; effects differing from kind and rapidity of the inflammation. Of certain changes of structure often noticed in the heart, aorta, &c.

Of the embarrassment in the functions of the heart arising from these various changes of structure, and of secondary organic changes often resulting from such embarrassment. The same changes produced by embarrassment in the functions, occasioned by obstacles external to the heart.





Effects resulting from changes of structure in the heart, &c. are modified by many circumstances. The principal circumstances pointed out.

Consideration of the effects consequent upon original changes of structure in the heart, &c. These effects to be attributed to the failure of the heart to perform its mechanical office ; and thus a general resemblance may be noticed among the effects arising from its different organic diseases. These effects classed under three divisions, viz. : 1. Those on the heart itself : 2. Those on the pulmonary circulation : 3. Those on the general, or aortal circulation.

1. Effects on the heart itself. These have been partially discussed. They consist in changes in the functions, and changes in the structure. These considered in detail, showing how far they vary in the several distinct organic changes, and how they are modified in consequence of the successive organic changes. How we may ascertain some of these changes by percussion.

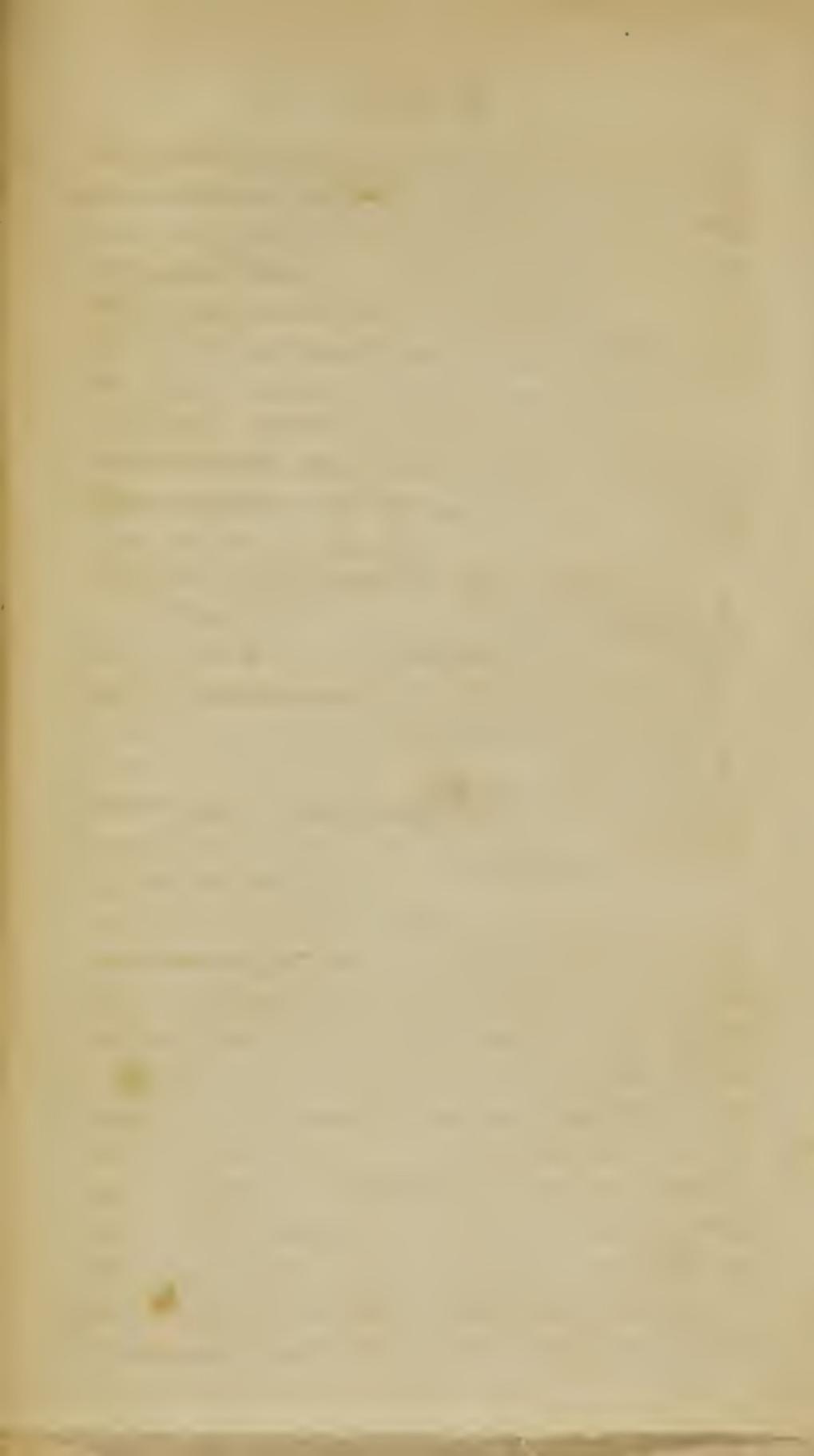
2. Effects on the pulmonary circulation. These complicated by various circumstances. Those arising from the interruption of the mechanical office of the heart differ according to the part of the heart affected. The obstructions almost always in the cavities on the left side, and thence the return of blood from the lungs is prevented. The immediate and more remote effects from the distention of the pulmonary vessels. The distention arises from a mechanical cause and is a mechanical effect ; but occurring in living parts it gives rise to changes in functions, &c.

which are varied by many circumstances affecting the living system. How inflammation and effusions from different parts are produced from the causes mentioned. Hence pulmonary catarrh, pneumonia, hæmoptysis and hydrothorax. Of the dyspnœa under these circumstances ; how influenced by position and by sleep.

3. Effects on the general circulation. These analogous in some respects to those on the pulmonary circulation. Under this head we consider the effects on

- a.* The arteries, their pulsations, and on the veins.
- b.* The countenance.
- c.* The brain and functions dependent on it.
- d.* The functions and state of the abdominal viscera.
- e.* The secretions generally.
- f.* The urine.
- g.* The cellular membrane, particularly in the extremities.

After this general view of the effects of organic affections of the heart, the history of the symptoms arising from each distinct affection might be given, so far as known. Reasons for not doing this. Some observations however to be added in respect to these diseases, particularly the occurrence of their symptoms in paroxysms to be explained. Then a general view of their symptoms in the most common order of their occurrence in those affections which are frequently seen, particularly with a view to teach how the affections of the heart may be discovered at an early period. Lastly, the different modes in which death is produced in the diseases under discussion.



Appearances after death. These anticipated from the particular mode in which the subject has been treated. Such general remarks now added as to render the view of the subject more perfect.

Diagnosis. This likewise has been mostly anticipated. The diagnostic symptoms of different affections of the heart stated, so far as ascertained.

Prognosis. Generally unfavorable ; but *not uniformly*. In what cases this may be said. The sudden changes to be adverted to, in consequence of which danger is never absent.

Treatment. How far certain general directions may be applied to most, or all cases, although differing in their origin. In the treatment we are limited mostly to the removal of effects arising from the original disease ; yet sometimes our remedies may influence the original disease itself. The same remedies will influence various parts ; but to acquire distinct views we must consider the treatment in relation,

1. To the heart itself.
2. To the lungs and cavities of the thorax.
3. To the other parts of the body.

Having considered how the morbid effects in these various parts may be counteracted, we must inquire how far a recurrence of the same may be prevented. Lastly, the use of palliatives must be described.

NOTE.

Under the head of *Morbi ex adventitiis in corpore inclusis* will be noticed the effects of biliary calculi and of worms. Under the head of *Morbi sympathet-*

ici, some practical remarks will be made in addition to those which have been given in relation to the same subject in other parts of the course. But it does not seem expedient at this moment to prepare a syllabus of this part of the course.



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